



General Assembly

February Session, 2010

Amendment

LCO No. 5727

SB0042805727SD0

Offered by:

SEN. HARRIS, 5th Dist.

REP. RITTER, 38th Dist.

SEN. DEBICELLA, 21st Dist.

REP. GIEGLER, 138th Dist.

To: Subst. Senate Bill No. 428

File No. 379

Cal. No. 271

**"AN ACT CONCERNING REVISIONS TO THE PUBLIC HEALTH
RELATED STATUTES."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (a) of section 19a-493 of the 2010 supplement
4 to the general statutes is repealed and the following is substituted in
5 lieu thereof (*Effective October 1, 2010*):

6 (a) Upon receipt of an application for an initial license, the
7 Department of Public Health, subject to the provisions of section 19a-
8 491a, shall issue such license if, upon conducting a scheduled
9 inspection and investigation, [it] the department finds that the
10 applicant and facilities meet the requirements established under

11 section 19a-495, provided a license shall be issued to or renewed for an
12 institution, as defined in subsection (d), (e) or (f) of section 19a-490,
13 only if such institution is not otherwise required to be licensed by the
14 state. [Upon receipt of an application for an initial license to establish,
15 conduct, operate or maintain an institution, as defined in subsection
16 (d), (e) or (f) of section 19a-490, and prior to the issuance of such
17 license, the commissioner may issue a provisional license for a term
18 not to exceed twelve months upon such terms and conditions as the
19 commissioner may require.] If an institution, as defined in subsections
20 (b), [(c),] (d), (e) and (f) of section 19a-490, applies for license renewal
21 and has been certified as a provider of services by the United States
22 Department of Health and Human Services under Medicare or
23 Medicaid programs within the immediately preceding twelve-month
24 period, or if an institution, as defined in subsection (b) of section 19a-
25 490, is currently certified, the commissioner or the commissioner's
26 designee may waive on renewal the inspection and investigation of
27 such facility required by this section and, in such event, any such
28 facility shall be deemed to have satisfied the requirements of section
29 19a-495 for the purposes of licensure. Such license shall be valid for
30 two years or a fraction thereof and shall terminate on March thirty-
31 first, June thirtieth, September thirtieth or December thirty-first of the
32 appropriate year. A license issued pursuant to this chapter, [other than
33 a provisional license or a nursing home license,] unless sooner
34 suspended or revoked, shall be renewable biennially (1) after an
35 unscheduled inspection is conducted by the department, and (2) upon
36 the filing by the licensee, and approval by the department, of a report
37 upon such date and containing such information in such form as the
38 department prescribes and satisfactory evidence of continuing
39 compliance with requirements [, and in] established under section 19a-
40 495. In the case of an institution, as defined in subsection (d) [, (e) or
41 (f)] of section 19a-490, [after inspection of such institution by the
42 department unless such institution is also certified as a provider under
43 the Medicare program and such inspection would result in more
44 frequent reviews than are required under the Medicare program for
45 home health agencies] that is also certified as a provider under the

46 Medicare program, the license shall be issued for a period not to
47 exceed three years, to run concurrently with the certification period.
48 Each license shall be issued only for the premises and persons named
49 in the application and shall not be transferable or assignable. Licenses
50 shall be posted in a conspicuous place in the licensed premises.

51 Sec. 2. Section 19a-490n of the general statutes is repealed and the
52 following is substituted in lieu thereof (*Effective October 1, 2010*):

53 (a) As used in this section, "commissioner" means the Commissioner
54 of Public Health; "department" means the Department of Public
55 Health; "healthcare associated infection" means any localized or
56 systemic condition resulting from an adverse reaction to the presence
57 of an infectious agent or its toxin that (1) occurs in a patient in a
58 healthcare setting, (2) was not found to be present or incubating at the
59 time of admission unless the infection was related to a previous
60 admission to the same health care setting, and (3) if the setting is a
61 hospital, meets the criteria for a specific infection site, as defined by the
62 National Centers for Disease Control; and "hospital" means a hospital
63 licensed under this chapter.

64 (b) There is established [a] an Advisory Committee on Healthcare
65 Associated Infections, which shall consist of the commissioner or the
66 commissioner's designee, and the following members appointed by the
67 commissioner: Two members representing the Connecticut Hospital
68 Association; two members from organizations representing health care
69 consumers; two members who are either hospital-based infectious
70 disease specialists or epidemiologists with demonstrated knowledge
71 and competence in infectious disease related issues; one representative
72 of the Connecticut State Medical Society; one representative of a labor
73 organization representing hospital based nurses; and two public
74 members. All appointments to the committee shall be made no later
75 than August 1, 2006, and the committee shall convene its first meeting
76 no later than September 1, 2006.

77 (c) [On or before April 1, 2007, the] The Advisory Committee on

78 Healthcare Associated Infections shall:

79 (1) Advise the department with respect to the development,
80 implementation, operation and monitoring of a mandatory reporting
81 system for healthcare associated infections;

82 (2) Identify, evaluate and recommend to the department
83 appropriate standardized measures, including aggregate and facility
84 specific reporting measures for healthcare associated infections and
85 processes designed to prevent healthcare associated infections in
86 hospital settings and any other healthcare settings deemed appropriate
87 by the committee. Each such recommended measure shall, to the
88 extent applicable to the type of measure being considered, be (A)
89 capable of being validated, (B) based upon nationally recognized and
90 recommended standards, to the extent such standards exist, (C) based
91 upon competent and reliable scientific evidence, (D) protective of
92 practitioner information and information concerning individual
93 patients, and (E) capable of being used and easily understood by
94 consumers; and

95 (3) Identify, evaluate and recommend to the Department of Public
96 Health appropriate methods for increasing public awareness about
97 effective measures to reduce the spread of infections in communities
98 and in hospital settings and any other healthcare settings deemed
99 appropriate by the committee.

100 Sec. 3. Section 19a-490o of the general statutes is repealed and the
101 following is substituted in lieu thereof (*Effective October 1, 2010*):

102 (a) [On or before October 1, 2007, the] The Department of Public
103 Health shall [, within available appropriations, implement] consider
104 the recommendations of the Advisory Committee on Healthcare
105 Associated Infections established pursuant to section 19a-490n, as
106 amended by this act, with respect to the establishment of a mandatory
107 reporting system for healthcare associated infections [and appropriate
108 standardized measures for the reporting of data related] designed to
109 prevent healthcare associated infections.

110 (b) [On or before October 1, 2007, the] The Department of Public
111 Health shall submit a report to the joint standing committee of the
112 General Assembly having cognizance of matters relating to public
113 health concerning the plan for [implementing] the mandatory
114 reporting system for healthcare associated infections recommended by
115 the Advisory Committee on Healthcare Associated Infections pursuant
116 to section 19a-490n, as amended by this act, and the status of such plan
117 implementation, in accordance with the provisions of section 11-4a.

118 (c) On or before [October 1, 2008] May 1, 2011, and annually
119 thereafter, the department shall submit a report to the joint standing
120 committee of the General Assembly having cognizance of matters
121 relating to public health on the information collected by the
122 department pursuant to the mandatory reporting system for healthcare
123 associated infections established under subsection (a) of this section, in
124 accordance with the provisions of section 11-4a. Such report shall be
125 posted on the department's Internet web site and made available to the
126 public.

127 Sec. 4. Subsection (e) of section 19a-490b of the general statutes is
128 repealed and the following is substituted in lieu thereof (*Effective*
129 *October 1, 2010*):

130 (e) Each institution licensed pursuant to this chapter that ceases to
131 operate shall, at the time it relinquishes its license to the department,
132 provide to the department a certified document specifying: [the] (1)
133 The location at which patient health records will be stored; [and] (2)
134 the procedure that has been established for patients, former patients or
135 their authorized representatives to secure access to such health
136 records; (3) provisions for storage, should the storage location cease to
137 operate or change ownership; and (4) that the department is
138 authorized to enforce the certified document should the storage
139 location cease to operate or change ownership. An institution that fails
140 to comply with the terms of a certified document provided to the
141 department in accordance with this subsection shall be assessed a civil
142 penalty not to exceed one hundred dollars per day for each day of

143 noncompliance with the terms of the certified agreement.

144 Sec. 5. Section 20-7c of the general statutes is repealed and the
145 following is substituted in lieu thereof (*Effective October 1, 2010*):

146 (a) For purposes of this section, "provider" has the same meaning as
147 provided in section 20-7b.

148 (b) (1) A provider, except as provided in section 4-194, shall supply
149 to a patient upon request complete and current information possessed
150 by that provider concerning any diagnosis, treatment and prognosis of
151 the patient. (2) A provider shall notify a patient of any test results in
152 the provider's possession or requested by the provider for the
153 purposes of diagnosis, treatment or prognosis of such patient.

154 (c) Upon a written request of a patient, a patient's attorney or
155 authorized representative, or pursuant to a written authorization, a
156 provider, except as provided in section 4-194, shall furnish to the
157 person making such request a copy of the patient's health record,
158 including but not limited to, bills, x-rays and copies of laboratory
159 reports, contact lens specifications based on examinations and final
160 contact lens fittings given within the preceding three months or such
161 longer period of time as determined by the provider but no longer
162 than six months, records of prescriptions and other technical
163 information used in assessing the patient's health condition. No
164 provider shall refuse to return to a patient original records or copies of
165 records that the patient has brought to the provider from another
166 provider. When returning records to a patient, a provider may retain
167 copies of such records for the provider's file, provided such provider
168 does not charge the patient for the costs incurred in copying such
169 records. No provider shall charge more than sixty-five cents per page,
170 including any research fees, handling fees or related costs, and the cost
171 of first class postage, if applicable, for furnishing a health record
172 pursuant to this subsection, except such provider may charge a patient
173 the amount necessary to cover the cost of materials for furnishing a
174 copy of an x-ray, provided no such charge shall be made for furnishing

175 a health record or part thereof to a patient, a patient's attorney or
176 authorized representative if the record or part thereof is necessary for
177 the purpose of supporting a claim or appeal under any provision of the
178 Social Security Act and the request is accompanied by documentation
179 of the claim or appeal. A provider shall furnish a health record
180 requested pursuant to this section within thirty days of the request. No
181 health care provider, who has purchased or assumed the practice of a
182 provider who is retiring or deceased, may refuse to return original
183 records or copied records to a patient who decides not to seek care
184 from the successor provider. When returning records to a patient who
185 has decided not to seek care from a successor provider, such provider
186 may not charge a patient for costs incurred in copying the records of
187 the retired or deceased provider.

188 (d) If a provider reasonably determines that the information is
189 detrimental to the physical or mental health of the patient, or is likely
190 to cause the patient to harm himself or another, the provider may
191 withhold the information from the patient. The information may be
192 supplied to an appropriate third party or to another provider who may
193 release the information to the patient. If disclosure of information is
194 refused by a provider under this subsection, any person aggrieved
195 thereby may, within thirty days of such refusal, petition the superior
196 court for the judicial district in which such person resides for an order
197 requiring the provider to disclose the information. Such a proceeding
198 shall be privileged with respect to assignment for trial. The court, after
199 hearing and an in camera review of the information in question, shall
200 issue the order requested unless it determines that such disclosure
201 would be detrimental to the physical or mental health of the person or
202 is likely to cause the person to harm himself or another.

203 (e) The provisions of this section shall not apply to any information
204 relative to any psychiatric or psychological problems or conditions.

205 (f) In the event that a provider abandons his or her practice, the
206 Commissioner of Public Health may appoint a licensed health care
207 provider to be the keeper of the records, who shall be responsible for

208 disbursing the original records to the provider's patients, upon the
209 request of any such patient.

210 Sec. 6. Section 19a-498 of the 2010 supplement to the general statutes
211 is repealed and the following is substituted in lieu thereof (*Effective*
212 *October 1, 2010*):

213 (a) Subject to the provisions of section 19a-493, as amended by this
214 act, the Department of Public Health shall make or cause to be made a
215 biennial licensure inspection of all institutions and such other
216 inspections and investigations of institutions and examination of their
217 records as the department deems necessary.

218 (b) The commissioner, or an agent authorized by the commissioner
219 to conduct any inquiry, investigation or hearing under the provisions
220 of this chapter, shall have power to inspect the premises of an
221 institution, issue subpoenas, order the production of books, records or
222 documents, administer oaths and take testimony under oath relative to
223 the matter of such inquiry, [or] investigation or hearing. At any
224 hearing ordered by the department, the commissioner or such agent
225 may subpoena witnesses and require the production of records, papers
226 and documents pertinent to such inquiry. If any person disobeys such
227 subpoena or, having appeared in obedience thereto, refuses to answer
228 any pertinent question put to such person by the commissioner or such
229 agent or to produce any records and papers pursuant to the subpoena,
230 the commissioner or such agent may apply to the superior court for the
231 judicial district of Hartford or for the judicial district wherein the
232 person resides or wherein the business has been conducted, setting
233 forth such disobedience or refusal, and said court shall cite such
234 person to appear before said court to answer such question or to
235 produce such records and papers.

236 (c) The Department of Mental Health and Addiction Services, with
237 respect to any mental health facility or alcohol or drug treatment
238 facility, shall be authorized, either upon the request of the
239 Commissioner of Public Health or at such other times as they deem

240 necessary, to enter such facility for the purpose of inspecting programs
241 conducted at such facility. A written report of the findings of any such
242 inspection shall be forwarded to the Commissioner of Public Health
243 and a copy shall be maintained in such facility's licensure file.

244 (d) In addition, when the Commissioner of Social Services deems it
245 necessary, said commissioner, or a designated representative of said
246 commissioner, may examine and audit the financial records of any
247 nursing home facility, as defined in section 19a-521, or any nursing
248 facility management services certificate holder, as defined in section
249 19a-561, as amended by this act. Each [such] nursing home facility and
250 nursing facility management services certificate holder shall retain all
251 financial information, data and records relating to the operation of the
252 nursing home facility for a period of not less than ten years, and all
253 financial information, data and records relating to any real estate
254 transactions affecting such operation, for a period of not less than
255 twenty-five years, which financial information, data and records shall
256 be made available, upon request, to the Commissioner of Social
257 Services or such designated representative at all reasonable times. In
258 connection with any inquiry, examination or investigation, the
259 commissioner or the commissioner's designated representative may
260 issue subpoenas, order the production of books, records and
261 documents, administer oaths and take testimony under oath. The
262 Attorney General, upon request of said commissioner or the
263 commissioner's designated representative, may apply to the Superior
264 Court to enforce any such subpoena or order.

265 Sec. 7. Section 19a-503 of the general statutes is repealed and the
266 following is substituted in lieu thereof (*Effective October 1, 2010*):

267 Notwithstanding the existence or pursuit of any other remedy, the
268 Department of Public Health may, in the manner provided by law and
269 upon the advice of the Attorney General, conduct an investigation and
270 maintain an action in the name of the state for injunction or other
271 process against any person or governmental unit to restrain or prevent
272 the establishment, conduct, management or operation of an institution

273 or nursing facility management services, without a license or certificate
274 under this chapter.

275 Sec. 8. Section 19a-528a of the general statutes is repealed and the
276 following is substituted in lieu thereof (*Effective October 1, 2010*):

277 For any application of licensure for the acquisition of a nursing
278 home filed after July 1, 2004, any potential nursing home licensee or
279 owner [must] shall submit in writing, a change in ownership
280 application with respect to the facility for which the change in
281 ownership is sought. Such application shall include such information
282 as the Commissioner of Public Health deems necessary and whether
283 such potential nursing home licensee or owner (1) has had three or
284 more civil penalties imposed through final order of the commissioner
285 in accordance with the provisions of sections 19a-524 to 19a-528,
286 inclusive, or civil penalties imposed pursuant to the statutes or
287 regulations of another state, during [a] the two-year period preceding
288 the application, (2) has had in any state [intermediate] sanctions, other
289 than civil penalties of less than twenty thousand dollars, imposed
290 through final adjudication under the Medicare or Medicaid program
291 pursuant to Title XVIII or XIX of the federal Social Security Act, 42
292 USC 301, as from time to time amended, or (3) has had in any state
293 such potential licensee's or owner's Medicare or Medicaid provider
294 agreement terminated or not renewed. [, shall not] In the event that a
295 potential nursing home licensee or owner's application contains
296 information concerning civil penalties, sanctions, terminations or
297 nonrenewals, as described in this section, the commissioner shall not
298 approve the application to acquire another nursing home in this state
299 for a period of five years from the date of final order on such civil
300 penalties, final adjudication of such [intermediate] sanctions, or
301 termination or nonrenewal, except for good cause shown.
302 [Notwithstanding, the provisions of this section, the Commissioner of
303 Public Health, may for good cause shown, permit a potential nursing
304 home licensee or owner to acquire another nursing home prior to the
305 expiration of said five-year period.]

306 Sec. 9. Section 19a-561 of the general statutes is repealed and the
307 following is substituted in lieu thereof (*Effective October 1, 2010*):

308 (a) As used in this section, "nursing facility management services"
309 means services provided in a nursing facility to manage the operations
310 of such facility, including the provision of care and services and
311 "nursing facility management services certificate holder" means a
312 person or entity certified by the Department of Public Health to
313 provide nursing facility management services.

314 (b) [On and after January 1, 2007, no] No person or entity shall
315 provide nursing facility management services in this state without
316 obtaining a certificate from the Department of Public Health.

317 (c) Any person or entity seeking a certificate to provide nursing
318 facility management services shall apply to the department, in writing,
319 on a form prescribed by the department. Such application shall include
320 the following: [information:]

321 (1) (A) The name and business address of the applicant and whether
322 the applicant is an individual, partnership, corporation or other legal
323 entity; (B) if the applicant is a partnership, corporation or other legal
324 entity, the names of the officers, directors, trustees, managing and
325 general partners of the applicant, the names of the persons who have a
326 ten per cent or greater beneficial ownership interest in the partnership,
327 corporation or other legal entity, and a description of each such
328 person's relationship to the applicant; (C) if the applicant is a
329 corporation incorporated in another state, a certificate of good
330 standing from the state agency with jurisdiction over corporations in
331 such state; and (D) if the applicant currently provides nursing facility
332 management services in another state, a certificate of good standing
333 from the licensing agency with jurisdiction over public health for each
334 state in which such services are provided;

335 (2) A description of the applicant's nursing facility management
336 experience;

337 (3) An affidavit signed by the applicant and any of the persons
338 described in subparagraph (B) of subdivision (1) of this subsection
339 disclosing any matter in which the applicant or such person (A) has
340 been convicted of an offense classified as a felony under section 53a-25
341 or pleaded nolo contendere to a felony charge, or (B) has been held
342 liable or enjoined in a civil action by final judgment, if the felony or
343 civil action involved fraud, embezzlement, fraudulent conversion or
344 misappropriation of property, or (C) is subject to a currently effective
345 injunction or restrictive or remedial order of a court of record at the
346 time of application, or (D) within the past five years has had any state
347 or federal license or permit suspended or revoked as a result of an
348 action brought by a governmental agency or department, arising out of
349 or relating to business activity or health care, including, but not limited
350 to, actions affecting the operation of a nursing facility, residential care
351 home or any facility subject to sections 17b-520 to 17b-535, inclusive, or
352 a similar statute in another state or country; and

353 (4) The location and description of any nursing facility in this state
354 or another state in which the applicant currently provides
355 management services or has provided such services within the past
356 five years.

357 (d) In addition to the information provided pursuant to subsection
358 (c) of this section, the department may reasonably request to review
359 the applicant's audited and certified financial statements, which shall
360 remain the property of the applicant when used for either initial or
361 renewal certification under this section.

362 (e) Each application for a certificate to provide nursing facility
363 management services shall be accompanied by an application fee of
364 three hundred dollars. The certificate shall list each location at which
365 nursing facility management services may be provided by the holder
366 of the certificate.

367 (f) The department shall base its decision on whether to issue or
368 renew a certificate on the information presented to the department and

369 on the compliance status of the managed entities. The department may
370 deny certification to any applicant for the provision of nursing facility
371 management services (1) at any specific facility or facilities where there
372 has been a substantial failure to comply with the Public Health Code,
373 or (2) if the applicant fails to provide the information required under
374 subdivision (1) of subsection (c) of this section.

375 (g) Renewal applications shall be made biennially after (1)
376 submission of the information required by subsection (c) of this section
377 and any other information required by the department pursuant to
378 subsection (d) of this section, and (2) submission of evidence
379 satisfactory to the department that any nursing facility at which the
380 applicant provides nursing facility management services is in
381 substantial compliance with the provisions of this chapter, the Public
382 Health Code and licensing regulations, and (3) payment of a three-
383 hundred-dollar fee.

384 (h) In any case in which the Commissioner of Public Health finds
385 that there has been a substantial failure to comply with the
386 requirements established under this section, the commissioner may
387 initiate disciplinary action against a nursing facility management
388 services certificate holder pursuant to section 19a-494.

389 (i) The department may limit or restrict the provision of
390 management services by any nursing facility management services
391 certificate holder against whom disciplinary action has been initiated
392 under subsection (h) of this section.

393 (j) The department, in implementing the provisions of this section,
394 may conduct any inquiry or investigation, in accordance with the
395 provisions of section 19a-498, as amended by this act, regarding an
396 applicant or certificate holder.

397 (k) Any person or entity providing nursing facility management
398 services without the certificate required under this section shall be
399 subject to a civil penalty of not more than one thousand dollars for
400 each day that the services are provided without such certificate.

401 Sec. 10. Subsection (b) of section 19a-491 of the 2010 supplement to
402 the general statutes is repealed and the following is substituted in lieu
403 thereof (*Effective October 1, 2010*):

404 (b) If any person acting individually or jointly with any other person
405 [shall own] owns real property or any improvements thereon, upon or
406 within which an institution, as defined in subsection (c) of section 19a-
407 490, is established, conducted, operated or maintained and is not the
408 licensee of the institution, such person shall submit a copy of the lease
409 agreement to the department at the time of any change of ownership
410 and with each license renewal application. The lease agreement shall,
411 at a minimum, identify the person or entity responsible for the
412 maintenance and repair of all buildings and structures within which
413 such an institution is established, conducted or operated. If a violation
414 is found as a result of an inspection or investigation, the commissioner
415 may require the owner to sign a consent order providing assurances
416 that repairs or improvements necessary for compliance with the
417 provisions of the Public Health Code shall be completed within a
418 specified period of time or may assess a civil penalty of not more than
419 one thousand dollars for each day that such owner is in violation of the
420 Public Health Code or a consent order. A consent order may include a
421 provision for the establishment of a temporary manager of such real
422 property who has the authority to complete any repairs or
423 improvements required by such order. Upon request of the
424 Commissioner of Public Health, the Attorney General may petition the
425 Superior Court for such equitable and injunctive relief as such court
426 deems appropriate to ensure compliance with the provisions of a
427 consent order. The provisions of this subsection shall not apply to any
428 property or improvements owned by a person licensed in accordance
429 with the provisions of subsection (a) of this section to establish,
430 conduct, operate or maintain an institution on or within such property
431 or improvements.

432 Sec. 11. Subsection (a) of section 20-114 of the general statutes is
433 repealed and the following is substituted in lieu thereof (*Effective*
434 *October 1, 2010*):

435 (a) The Dental Commission may take any of the actions set forth in
436 section 19a-17 for any of the following causes: (1) The presentation to
437 the department of any diploma, license or certificate illegally or
438 fraudulently obtained, or obtained from an institution that is not
439 reputable or from an unrecognized or irregular institution or state
440 board, or obtained by the practice of any fraud or deception; (2) proof
441 that a practitioner has become unfit or incompetent or has been guilty
442 of cruelty, incompetence, negligence or indecent conduct toward
443 patients; (3) conviction of the violation of any of the provisions of this
444 chapter by any court of criminal jurisdiction, provided no action shall
445 be taken under section 19a-17 because of such conviction if any appeal
446 to a higher court has been filed until the appeal has been determined
447 by the higher court and the conviction sustained; (4) the employment
448 of any unlicensed person for other than mechanical purposes in the
449 practice of dental medicine or dental surgery subject to the provisions
450 of section 20-122a; (5) the violation of any of the provisions of this
451 chapter or of the regulations adopted hereunder or the refusal to
452 comply with any of said provisions or regulations; (6) the aiding or
453 abetting in the practice of dentistry, dental medicine or dental hygiene
454 of a person not licensed to practice dentistry, dental medicine or dental
455 hygiene in this state; (7) designating a limited practice, except as
456 provided in section 20-106a; (8) engaging in fraud or material
457 deception in the course of professional activities; (9) the effects of
458 physical or mental illness, emotional disorder or loss of motor skill,
459 including, but not limited to, deterioration through the aging process,
460 upon the license holder; (10) abuse or excessive use of drugs, including
461 alcohol, narcotics or chemicals; (11) failure to comply with the
462 continuing education requirements set forth in section 20-126c, as
463 amended by this act; (12) failure of a holder of a dental anesthesia or
464 conscious sedation permit to successfully complete an on-site
465 evaluation conducted pursuant to subsection (c) of section 20-123b; [or]
466 (13) failure to provide information to the Department of Public Health
467 required to complete a health care provider profile, as set forth in
468 section 20-13j; or (14) failure to maintain professional liability
469 insurance or other indemnity against liability for professional

malpractice as provided in section 20-126d. A violation of any of the provisions of this chapter by any unlicensed employee in the practice of dentistry or dental hygiene, with the knowledge of the employer, shall be deemed a violation by the employer. The Commissioner of Public Health may order a license holder to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is the subject of an investigation. Said commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17.

Sec. 12. Section 20-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

The Board of Chiropractic Examiners may take any of the actions set forth in section 19a-17 for any of the following reasons: The employment of fraud or deception in obtaining a license, habitual intemperance in the use of ardent spirits, narcotics or stimulants to such an extent as to incapacitate the user for the performance of professional duties, violation of any provisions of this chapter or regulations adopted hereunder, engaging in fraud or material deception in the course of professional services or activities, physical or mental illness, emotional disorder or loss of motor skill, including, but not limited to, deterioration through the aging process, illegal, incompetent or negligent conduct in the practice of chiropractic, failure to maintain professional liability insurance or other indemnity against liability for professional malpractice as provided in subsection (a) of section 20-28b, failure to comply with the continuing education requirements as set forth in section 20-32, or failure to provide information to the Department of Public Health required to complete a health care provider profile, as set forth in section 20-13j. Any practitioner against whom any of the foregoing grounds for action under said section 19a-17 are presented to said board shall be furnished with a copy of the complaint and shall have a hearing before said board. The hearing shall be conducted in accordance with the regulations established by the Commissioner of Public Health. Said

504 board may, at any time within two years of such action, by a majority
505 vote, rescind such action. The Commissioner of Public Health may
506 order a license holder to submit to a reasonable physical or mental
507 examination if his physical or mental capacity to practice safely is the
508 subject of an investigation. Said commissioner may petition the
509 superior court for the judicial district of Hartford to enforce such order
510 or any action taken pursuant to section 19a-17.

511 Sec. 13. Subsection (c) of section 20-27 of the 2010 supplement to the
512 general statutes is repealed and the following is substituted in lieu
513 thereof (*Effective October 1, 2010*):

514 (c) The Department of Public Health may grant a license without
515 written examination to any currently practicing, competent licensee
516 from any other state having licensure requirements substantially
517 similar to, or higher than, those of this state, who (1) is a graduate of an
518 accredited school of chiropractic approved by said board with the
519 consent of the Commissioner of Public Health, (2) presents evidence
520 satisfactory to the department that he has completed a course of two
521 academic years or sixty semester hours of study in a college or
522 scientific school approved by the board with the consent of the
523 Commissioner of Public Health, and (3) successfully passes the
524 practical examination provided for in subsection (a) of section 20-28. In
525 addition, the department may issue a license without written or
526 practical examination to a chiropractor who holds a current valid
527 license in good standing issued after examination by another state or
528 territory that maintains licensing standards that, except for
529 examination, are commensurate with this state's standards and who
530 has worked continuously as a licensed chiropractor in an academic or
531 clinical setting for a period of not less than five years immediately
532 preceding the date of application for licensure without examination.
533 There shall be paid to the department by each such applicant a fee of
534 five hundred sixty-five dollars. No license shall be issued under this
535 section to any applicant against whom professional disciplinary action
536 is pending or who is the subject of an unresolved complaint. The
537 department shall inform the board of the applications it receives for

538 licenses under this section.

539 Sec. 14. Subsection (c) of section 20-206bb of the 2010 supplement to
540 the general statutes is repealed and the following is substituted in lieu
541 thereof (*Effective October 1, 2010*):

542 (c) An applicant for licensure as an acupuncturist by endorsement
543 shall present evidence satisfactory to the commissioner of licensure or
544 certification as an acupuncturist, or as a person entitled to perform
545 similar services under a different designation, in another state or
546 jurisdiction whose requirements for practicing in such capacity are
547 [substantially similar] equivalent to or higher than those of this state
548 and that there are no disciplinary actions or unresolved complaints
549 pending. Any person completing the requirements of this section in a
550 language other than English shall be deemed to have satisfied the
551 requirements of this section.

552 Sec. 15. Section 20-236 of the 2010 supplement to the general statutes
553 is repealed and the following is substituted in lieu thereof (*Effective*
554 *October 1, 2011*):

555 (a) (1) Any person desiring to obtain a license as a barber shall apply
556 in writing on forms furnished by the Department of Public Health and
557 shall pay to the department a fee of one hundred dollars. The
558 department shall not issue a license until the applicant has made
559 written application to the department, setting forth by affidavit that
560 the applicant has (A) successfully completed the eighth grade, (B)
561 completed a course of not less than [fifteen hundred] one thousand
562 hours of study in a school approved in accordance with the provisions
563 of this chapter, or, if trained outside of Connecticut, in a barber school
564 or college whose requirements are equivalent to those of a Connecticut
565 barber school or college, and (C) passed a written examination
566 satisfactory to the department. Examinations required for licensure
567 under this chapter shall be prescribed by the department with the
568 advice and assistance of the board. The department shall establish a
569 passing score for examinations required under this chapter with the

570 advice and assistance of the board. No license issued in accordance
571 with the provisions of this chapter may be assigned or transferred to
572 another person.

573 (2) Any person who [(A)] holds a license at the time of application to
574 practice the occupation of barbering in any other state, the District of
575 Columbia or in a commonwealth or territory of the United States, [(B)
576 has completed not less than fifteen hundred hours of formal education
577 and training in barbering, and (C)] and was issued such license on the
578 basis of successful completion of a program of education and training
579 in barbering and an examination, shall be eligible for licensing in this
580 state and entitled to a license without examination upon payment of a
581 fee of one hundred dollars. [Applicants who trained in another state,
582 district, commonwealth or territory which required less than fifteen
583 hundred hours of formal education and training, may substitute no
584 more than five hundred hours of licensed work experience in such
585 other state, district, commonwealth or territory toward meeting the
586 training requirement.]

587 (3) Any person who holds a license to practice the occupation of
588 barbering in any other state, the District of Columbia, or in a
589 commonwealth or territory of the United States, and has held such
590 license for a period of not less than forty years, shall be eligible for
591 licensure without examination. No license shall be issued under this
592 section to any applicant against whom professional disciplinary action
593 is pending or who is the subject of an unresolved complaint.

594 (b) (1) Barber schools shall obtain approval pursuant to this section
595 prior to commencing operation. In the event that an approved school
596 undergoes a change of ownership or location, such approval shall
597 become void and the school shall apply for a new approval pursuant
598 to this section. Applications for such approval shall be on forms
599 prescribed by the Commissioner of Public Health. In the event that a
600 school fails to comply with the provisions of this subsection, no credit
601 toward the [fifteen hundred] one thousand hours of study required
602 pursuant to subsection (a) of this section shall be granted to any

603 student for instruction received prior to the effective date of school
604 approval.

605 (2) The Commissioner of Public Health, in consultation with the
606 Connecticut Examining Board for Barbers, Hairdressers and
607 Cosmeticians, shall adopt regulations, in accordance with the
608 provisions of chapter 54, to prescribe minimum curriculum
609 requirements for barber schools. The commissioner, in consultation
610 with said board, may adopt a curriculum and procedures for the
611 approval of barber schools, provided the commissioner prints notice of
612 intent to adopt regulations concerning the adoption of a curriculum
613 and procedures for the approval of barber schools in the Connecticut
614 Law Journal not later than thirty days after the date of implementation
615 of such curriculum and such procedures. The curriculum and
616 procedures implemented pursuant to this section shall be valid until
617 such time final regulations are adopted.

618 Sec. 16. Section 20-262 of the general statutes is repealed and the
619 following is substituted in lieu thereof (*Effective October 1, 2011*):

620 (a) Schools for instruction in hairdressing and cosmetology may be
621 established in this state. All applicants for a license as a registered
622 hairdresser shall have graduated from a school of hairdressing
623 approved by the board with the consent of the Commissioner of Public
624 Health. All hairdressing schools may be inspected regarding their
625 sanitary conditions by the Department of Public Health whenever the
626 department deems it necessary and any authorized representative of
627 the department shall have full power to enter and inspect the school
628 during usual business hours. If any school, upon inspection, is found
629 to be in an unsanitary condition, the commissioner or his designee
630 shall make written order that such school be placed in a sanitary
631 condition.

632 (b) (1) Schools for instruction in hairdressing and cosmetology shall
633 obtain approval pursuant to this section prior to commencing
634 operation. In the event that an approved school undergoes a change of

635 ownership or location, such approval shall become void and the school
636 shall apply for a new approval pursuant to this section. Applications
637 for such approval shall be on forms prescribed by the commissioner. In
638 the event that a school fails to comply with the provisions of this
639 subsection, no credit toward the fifteen hundred hours of study
640 required pursuant to section 20-252 shall be granted to any student for
641 instruction received prior to the effective date of school approval.

642 (2) The Commissioner of Public Health, in consultation with the
643 Connecticut Examining Board for Barbers, Hairdressers and
644 Cosmeticians, shall adopt regulations, in accordance with the
645 provisions of chapter 54, to prescribe minimum curriculum
646 requirements for hairdressing and cosmetology schools. The
647 commissioner, in consultation with said board, may adopt a
648 curriculum and procedures for the approval of hairdressing and
649 cosmetology schools, provided the commissioner prints notice of
650 intent to adopt regulations concerning the adoption of a curriculum
651 and procedures for the approval of hairdressing and cosmetology
652 schools in the Connecticut Law Journal not later than thirty days after
653 the date of implementation of such curriculum and such procedures.
654 The curriculum and procedures implemented pursuant to this section
655 shall be valid until such time final regulations are adopted.

656 Sec. 17. Section 19a-513 of the 2010 supplement to the general
657 statutes is repealed and the following is substituted in lieu thereof
658 (*Effective October 1, 2010*):

659 In order to be eligible for licensure by endorsement pursuant to
660 sections 19a-511 to 19a-520, inclusive, a person shall submit an
661 application for endorsement licensure on a form provided by the
662 department, together with a fee of two hundred dollars, and meet the
663 following requirements: (1) [Have completed preparation in another
664 jurisdiction equal to that required in this state; (2) hold a] Hold a
665 current license in good standing as a nursing home administrator [by
666 examination] in another state that was issued on the basis of holding,
667 at a minimum, a baccalaureate degree and having passed the

668 examination required for licensure in such state; and [(3) be a currently
669 practicing competent practitioner in a state whose licensure
670 requirements are substantially similar to or higher than those of this
671 state] (2) have practiced as a licensed nursing home administrator for
672 not less than twelve months within the twenty-four-month period
673 preceding the date of the application. No license shall be issued under
674 this section to any applicant against whom disciplinary action is
675 pending or who is the subject of an unresolved complaint.

676 Sec. 18. Subsection (a) of section 20-87a of the general statutes is
677 repealed and the following is substituted in lieu thereof (*Effective*
678 *October 1, 2010*):

679 (a) The practice of nursing by a registered nurse is defined as the
680 process of diagnosing human responses to actual or potential health
681 problems, providing supportive and restorative care, health counseling
682 and teaching, case finding and referral, collaborating in the
683 implementation of the total health care regimen, and executing the
684 medical regimen under the direction of a licensed physician, dentist or
685 advanced practice registered nurse. A registered nurse may also
686 execute orders issued by licensed physician assistants, podiatrists and
687 optometrists, provided such orders do not exceed the nurse's or the
688 ordering practitioner's scope of practice.

689 Sec. 19. Section 19a-14 of the 2010 supplement to the general statutes
690 is amended by adding subsection (e) as follows (*Effective October 1,*
691 *2010*):

692 (NEW) (e) The department shall not issue a license to any applicant
693 against whom professional disciplinary action is pending or who is the
694 subject of an unresolved complaint with the professional licensing
695 authority in another jurisdiction.

696 Sec. 20. Section 19a-14 of the 2010 supplement to the general statutes
697 is repealed and the following is substituted in lieu thereof (*Effective*
698 *October 1, 2010*):

699 (a) The Department of Public Health shall have the following
700 powers and duties with regard to the boards and commissions listed in
701 subsection (b) which are within the Department of Public Health. The
702 department shall:

703 (1) Control the allocation, disbursement and budgeting of funds
704 appropriated to the department for the operation of the boards and
705 commissions;

706 (2) Employ and assign such personnel as the commissioner deems
707 necessary for the performance of the functions of the boards and
708 commissions;

709 (3) Perform all management functions including purchasing,
710 bookkeeping, accounting, payroll, secretarial, clerical and routine
711 housekeeping functions;

712 (4) Adopt, with the advice and assistance of the appropriate board
713 or commission, and in accordance with chapter 54, any regulations
714 which are consistent with protecting the public health and safety and
715 which are necessary to implement the purposes of subsection (a) of
716 section 2c-2b, this chapter, and chapters 368v, 369 to 375, inclusive, 378
717 to 381, inclusive, 383 to 388, inclusive, 398 and 399;

718 (5) Develop and perform all administrative functions necessary to
719 process applications for licenses and certificates;

720 (6) Determine the eligibility of all applicants for permits, licensure,
721 certification or registration, based upon compliance with the general
722 statutes and administrative regulations. The department may deny the
723 eligibility of an applicant for a permit or for licensure by examination,
724 endorsement, reciprocity or for reinstatement of a license voided
725 pursuant to subsection (f) of section 19a-88, or may issue a license
726 pursuant to a consent order containing conditions that must be met by
727 the applicant if the department determines that the applicant:

728 (A) Has failed to comply with the general statutes and

729 administrative regulations governing his profession;

730 (B) Has been found guilty or convicted as a result of an act which
731 constitutes a felony under (i) the laws of this state, (ii) federal law or
732 (iii) the laws of another jurisdiction and which, if committed within
733 this state, would have constituted a felony under the laws of this state;

734 (C) Is subject to a pending disciplinary action or unresolved
735 complaint before the duly authorized professional disciplinary agency
736 of any state, the District of Columbia, a United States possession or
737 territory, or a foreign jurisdiction;

738 (D) Has been subject to disciplinary action similar to an action
739 specified in subsection (a) of section 19a-17 by a duly authorized
740 professional disciplinary agency of any state, the District of Columbia,
741 a United States possession or territory, or a foreign jurisdiction;

742 (E) Has committed an act which, if the applicant were licensed,
743 would not conform to the accepted standards of practice of the
744 profession, including but not limited to, incompetence, negligence,
745 fraud or deceit; illegal conduct; procuring or attempting to procure a
746 license, certificate or registration by fraud or deceit; or engaging in,
747 aiding or abetting unlicensed practice of a regulated profession,
748 provided the commissioner, or his designee, gives notice and holds a
749 hearing, in accordance with the provisions of chapter 54, prior to
750 denying an application for a permit or a license based on this
751 subparagraph; or

752 (F) Has a condition which would interfere with the practice of his
753 profession, including, but not limited to, physical illness or loss of skill
754 or deterioration due to the aging process, emotional disorder or mental
755 illness, abuse or excessive use of drugs or alcohol, provided the
756 commissioner, or his designee, gives notice and holds a hearing in
757 accordance with the provisions of chapter 54, prior to denying an
758 application for a permit or a license based on this subparagraph;

759 (7) Administer licensing examinations under the supervision of the

760 appropriate board or commission;

761 (8) Develop and perform all administrative functions necessary to
762 process complaints against persons licensed by the department;

763 (9) Consent to the approval or disapproval by the appropriate
764 boards or commissions of schools at which educational requirements
765 shall be met;

766 (10) Conduct any necessary review, inspection or investigation
767 regarding qualifications of applicants for licenses or certificates,
768 possible violations of statutes or regulations, and disciplinary matters.
769 In connection with any investigation, the Commissioner of Public
770 Health or said commissioner's authorized agent may administer oaths,
771 issue subpoenas, compel testimony and order the production of books,
772 records and documents. If any person refuses to appear, to testify or to
773 produce any book, record or document when so ordered, a judge of
774 the Superior Court may make such order as may be appropriate to aid
775 in the enforcement of this section;

776 (11) Conduct any necessary investigation and follow-up in
777 connection with complaints regarding persons subject to regulation or
778 licensing by the department;

779 (12) Perform any other function necessary to the effective operation
780 of a board or commission and not specifically vested by statute in the
781 board or commission;

782 (13) Contract with a third party, if the commissioner deems
783 necessary, to administer licensing examinations and perform all
784 attendant administrative functions in connection with such
785 examination; and

786 (14) With respect to any investigation of a person subject to
787 regulation, licensing or certification by the department and in any
788 disciplinary proceeding regarding such person, except as required by
789 federal law;

790 (A) Not be denied access to or use of copies of patient medical
791 records on the grounds that privilege or confidentiality applies to such
792 records; and

793 (B) Not further disclose patient medical records received pursuant
794 to the provisions of this subdivision. Patient records received pursuant
795 to this subdivision shall not be subject to disclosure under section 1-
796 210.

797 (b) The department shall have the powers and duties indicated in
798 subsection (a) of this section with regard to the following professional
799 boards and commissions:

800 (1) The Connecticut Medical Examining Board, established under
801 section 20-8a;

802 (2) The Connecticut State Board of Examiners for Optometrists,
803 established under subsections (a) to (c), inclusive, of section 20-128a;

804 (3) The Connecticut State Board of Examiners for Nursing,
805 established under section 20-88;

806 (4) The Dental Commission, established under section 20-103a;

807 (5) The Board of Examiners of Psychologists, established under
808 section 20-186;

809 (6) The Connecticut Board of Veterinary Medicine, established
810 under section 20-196;

811 (7) The Connecticut Homeopathic Medical Examining Board,
812 established under section 20-8;

813 (8) The Connecticut State Board of Examiners for Opticians,
814 established under subsections (a) to (c), inclusive, of section 20-139a;

815 (9) The Connecticut State Board of Examiners for Barbers and
816 Hairdressers and Cosmeticians, established under section 20-235a;

- 817 (10) The Connecticut Board of Examiners of Embalmers and Funeral
818 Directors established under section 20-208;
- 819 (11) Repealed by P.A. 99-102, S. 51;
- 820 (12) The State Board of Natureopathic Examiners, established under
821 section 20-35;
- 822 (13) The State Board of Chiropractic Examiners, established under
823 section 20-25;
- 824 (14) The Connecticut Board of Examiners in Podiatry, established
825 under section 20-51;
- 826 (15) The Board of Examiners of Electrologists, established under
827 section 20-268; and
- 828 (16) The Connecticut State Board of Examiners for Physical
829 Therapists.
- 830 (c) No board shall exist for the following professions that are
831 licensed or otherwise regulated by the Department of Public Health:
- 832 (1) Speech and language pathologist and audiologist;
- 833 (2) Hearing instrument specialist;
- 834 (3) Nursing home administrator;
- 835 (4) Sanitarian;
- 836 (5) Subsurface sewage system installer or cleaner;
- 837 (6) Marital and family therapist;
- 838 (7) Nurse-midwife;
- 839 (8) Licensed clinical social worker;
- 840 (9) Respiratory care practitioner;

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- 841 (10) Asbestos contractor and asbestos consultant;
- 842 (11) Massage therapist;
- 843 (12) Registered nurse's aide;
- 844 (13) Radiographer;
- 845 (14) Dental hygienist;
- 846 (15) Dietitian-Nutritionist;
- 847 (16) Asbestos abatement worker;
- 848 (17) Asbestos abatement site supervisor;
- 849 (18) Licensed or certified alcohol and drug counselor;
- 850 (19) Professional counselor;
- 851 (20) Acupuncturist;
- 852 (21) Occupational therapist and occupational therapist assistant;
- 853 (22) Lead abatement contractor, lead consultant contractor, lead
854 consultant, lead abatement supervisor, lead abatement worker,
855 inspector and planner-project designer;
- 856 (23) Emergency medical technician, advanced emergency medical
857 technician, emergency medical responder and emergency medical
858 services instructor;
- 859 (24) Paramedic;
- 860 (25) Athletic trainer;
- 861 (26) Perfusionist; and
- 862 (27) On and after July 1, 2011, a radiologist assistant, subject to the
863 provisions of section 20-74tt.

864 The department shall assume all powers and duties normally vested
865 with a board in administering regulatory jurisdiction over such
866 professions. The uniform provisions of this chapter and chapters 368v,
867 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
868 and 400c, including, but not limited to, standards for entry and
869 renewal; grounds for professional discipline; receiving and processing
870 complaints; and disciplinary sanctions, shall apply, except as otherwise
871 provided by law, to the professions listed in this subsection.

872 (d) Except as provided in subdivision (14) of subsection (a) of this
873 section and section 20-13e, all records obtained by the department in
874 connection with any investigation of a person or facility over which the
875 department has jurisdiction under this chapter, other than a physician
876 as defined in subdivision (5) of section 20-13a, shall not be subject to
877 disclosure under section 1-210 for a period of one year from the date of
878 the petition or other event initiating such investigation, or until such
879 time as the investigation is terminated pursuant to a withdrawal or
880 other informal disposition or until a hearing is convened pursuant to
881 chapter 54, whichever is earlier. A complaint, as defined in subdivision
882 (6) of section 19a-13, shall be subject to the provisions of section 1-210
883 from the time that it is served or mailed to the respondent. Records
884 which are otherwise public records shall not be deemed confidential
885 merely because they have been obtained in connection with an
886 investigation under this chapter.

887 Sec. 21. Subsection (b) of section 20-126c of the general statutes is
888 repealed and the following is substituted in lieu thereof (*Effective*
889 *October 1, 2010*):

890 (b) Except as otherwise provided in this section, for registration
891 periods beginning on and after October 1, 2007, a licensee applying for
892 license renewal shall earn a minimum of twenty-five contact hours of
893 continuing education within the preceding twenty-four-month period.
894 Such continuing education shall (1) be in an area of the licensee's
895 practice; (2) reflect the professional needs of the licensee in order to
896 meet the health care needs of the public; and (3) include the topics

897 required pursuant to this subdivision. For registration periods ending
898 on or before September 30, 2011, such topics shall include at least one
899 contact hour of training or education in each of the following topics:
900 (A) Infectious diseases, including, but not limited to, acquired immune
901 deficiency syndrome and human immunodeficiency virus, (B) access
902 to care, (C) risk management, (D) care of special needs patients, and (E)
903 domestic violence, including sexual abuse. For registration periods
904 beginning on and after October 1, 2011, the Commissioner of Public
905 Health, in consultation with the Dental Commission, shall on or before
906 October 1, 2010, and biennially thereafter, issue a list that includes not
907 more than five mandatory topics for continuing education activities
908 that will be required for the following two-year registration period.
909 Qualifying continuing education activities include, but are not limited
910 to, courses, including on-line courses, offered or approved by the
911 American Dental Association or state, district or local dental
912 associations and societies affiliated with the American Dental
913 Association; national, state, district or local dental specialty
914 organizations or the American Academy of General Dentistry; a
915 hospital or other health care institution; dental schools and other
916 schools of higher education accredited or recognized by the Council on
917 Dental Accreditation or a regional accrediting organization; agencies
918 or businesses whose programs are accredited or recognized by the
919 Council on Dental Accreditation; local, state or national medical
920 associations; a state or local health department; or the Accreditation
921 Council for Graduate Medical Education. Eight hours of volunteer
922 dental practice at a public health facility, as defined in section 20-126l,
923 may be substituted for one contact hour of continuing education, up to
924 a maximum of ten contact hours in one twenty-four-month period.

925 Sec. 22. Subdivision (5) of subsection (a) of section 19a-904 of the
926 2010 supplement to the general statutes is repealed and the following
927 is substituted in lieu thereof (*Effective from passage*):

928 (5) "Emergency medical technician" means any class of emergency
929 medical technician certified under regulations adopted pursuant to
930 section 19a-179, including, but not limited to, any [emergency medical

931 technician-intermediate] emergency medical technician or [medical
932 response technician] emergency medical responder;

933 Sec. 23. Subsection (f) of section 19a-180 of the 2010 supplement to
934 the general statutes is repealed and the following is substituted in lieu
935 thereof (*Effective October 1, 2010*):

936 (f) Each licensed or certified ambulance service shall secure and
937 maintain medical oversight, as defined in section [19a-179] 19a-175, as
938 amended by this act, by a sponsor hospital, as defined in section [19a-
939 179] 19a-175, as amended by this act, for all its emergency medical
940 personnel, whether such personnel are employed by the ambulance
941 service or a management service.

942 Sec. 24. Section 19a-175 of the 2010 supplement to the general
943 statutes is repealed and the following is substituted in lieu thereof
944 (*Effective October 1, 2010*):

945 As used in this chapter and section 25 of this act, unless the context
946 otherwise requires:

947 (1) "Emergency medical service system" means a system which
948 provides for the arrangement of personnel, facilities and equipment for
949 the efficient, effective and coordinated delivery of health care services
950 under emergency conditions;

951 (2) "Patient" means an injured, ill, crippled or physically
952 handicapped person requiring assistance and transportation;

953 (3) "Ambulance" means a motor vehicle specifically designed to
954 carry patients;

955 (4) "Ambulance service" means an organization which transports
956 patients;

957 (5) "Emergency medical technician" means an individual who has
958 successfully completed the training requirements established by the
959 commissioner and has been certified by the Department of Public

960 Health;

961 (6) "Ambulance driver" means a person whose primary function is
962 driving an ambulance;

963 (7) "Emergency medical [technician] services instructor" means a
964 person who is certified by the Department of Public Health to teach
965 courses, the completion of which is required in order to become an
966 emergency medical technician;

967 (8) "Communications facility" means any facility housing the
968 personnel and equipment for handling the emergency communications
969 needs of a particular geographic area;

970 (9) "Life saving equipment" means equipment used by emergency
971 medical personnel for the stabilization and treatment of patients;

972 (10) "Emergency medical service organization" means any
973 organization whether public, private or voluntary which offers
974 transportation or treatment services to patients under emergency
975 conditions;

976 (11) "Invalid coach" means a vehicle used exclusively for the
977 transportation of nonambulatory patients, who are not confined to
978 stretchers, to or from either a medical facility or the patient's home in
979 nonemergency situations or utilized in emergency situations as a
980 backup vehicle when insufficient emergency vehicles exist;

981 (12) "Rescue service" means any organization, whether profit or
982 nonprofit, whose primary purpose is to search for persons who have
983 become lost or to render emergency service to persons who are in
984 dangerous or perilous circumstances;

985 (13) "Provider" means any person, corporation or organization,
986 whether profit or nonprofit, whose primary purpose is to deliver
987 medical care or services, including such related medical care services
988 as ambulance transportation;

- 989 (14) "Commissioner" means the Commissioner of Public Health;
- 990 (15) "Paramedic" means a person licensed pursuant to section 20-
991 206ll;
- 992 (16) "Commercial ambulance service" means an ambulance service
993 which primarily operates for profit;
- 994 (17) "Licensed ambulance service" means a commercial ambulance
995 service or a volunteer or municipal ambulance service issued a license
996 by the commissioner;
- 997 (18) "Certified ambulance service" means a municipal or volunteer
998 ambulance service issued a certificate by the commissioner;
- 999 (19) "Management service" means an employment organization that
1000 does not own or lease ambulances or other emergency medical
1001 vehicles and that provides emergency medical technicians or
1002 paramedics to an emergency medical service organization;
- 1003 (20) "Automatic external defibrillator" means a device that: (A) Is
1004 used to administer an electric shock through the chest wall to the heart;
1005 (B) contains internal decision-making electronics, microcomputers or
1006 special software that allows it to interpret physiologic signals, make
1007 medical diagnosis and, if necessary, apply therapy; (C) guides the user
1008 through the process of using the device by audible or visual prompts;
1009 and (D) does not require the user to employ any discretion or
1010 judgment in its use;
- 1011 (21) "Mutual aid call" means a call for emergency medical services
1012 that, pursuant to the terms of a written agreement, is responded to by a
1013 secondary or alternate emergency medical services provider if the
1014 primary or designated emergency medical services provider is unable
1015 to respond because such primary or designated provider is responding
1016 to another call for emergency medical services or the ambulance or
1017 nontransport emergency vehicle operated by such primary or
1018 designated provider is out of service. For purposes of this subdivision,

1019 "nontransport emergency vehicle" means a vehicle used by emergency
1020 medical technicians or paramedics in responding to emergency calls
1021 that is not used to carry patients;

1022 (22) "Municipality" means the legislative body of a municipality or
1023 the board of selectmen in the case of a municipality in which the
1024 legislative body is a town meeting;

1025 (23) "Primary service area" means a specific geographic area to
1026 which one designated emergency medical services provider is
1027 assigned for each category of emergency medical response services;

1028 (24) "Primary service area responder" means an emergency medical
1029 services provider who is designated to respond to a victim of sudden
1030 illness or injury in a primary service area; [and]

1031 (25) "Interfacility critical care transport" means the interfacility
1032 transport of a patient between licensed hospitals;

1033 (26) "Advanced emergency medical technician" means an individual
1034 who is certified as an advanced emergency medical technician by the
1035 Department of Public Health;

1036 (27) "Emergency medical responder" means an individual who is
1037 certified as an emergency medical responder by the Department of
1038 Public Health;

1039 (28) "Medical oversight" means the active surveillance by physicians
1040 of mobile intensive care sufficient for the assessment of overall practice
1041 levels, as defined by state-wide protocols;

1042 (29) "Mobile intensive care" means prehospital care involving
1043 invasive or definitive skills, equipment, procedures and other
1044 therapies;

1045 (30) "Office of Emergency Medical Services" means the office
1046 established within the Department of Public Health Services pursuant
1047 to section 19a-178; and

1048 (31) "Sponsor hospital" means a hospital that has agreed to maintain
1049 staff for the provision of medical oversight, supervision and direction
1050 to an emergency medical service organization and its personnel and
1051 has been approved for such activity by the Office of Emergency
1052 Medical Services.

1053 Sec. 25. (NEW) (*Effective from passage*) Notwithstanding the
1054 provisions of subdivision (1) of subsection (a) of section 19a-179 of the
1055 general statutes and section 19a-195b of the general statutes, the
1056 Commissioner of Public Health may implement policies and
1057 procedures concerning training, recertification and reinstatement of
1058 certification or licensure of emergency medical responders, emergency
1059 medical technicians, advanced emergency medical technicians and
1060 paramedics, while in the process of adopting such policies and
1061 procedures in regulation form, provided the commissioner prints
1062 notice of the intent to adopt regulations in the Connecticut Law
1063 Journal not later than thirty days after the date of implementation of
1064 such policies and procedures. Policies implemented pursuant to this
1065 section shall be valid until the time final regulations are adopted.

1066 Sec. 26. Subsection (b) of section 20-74mm of the 2010 supplement to
1067 the general statutes is repealed and the following is substituted in lieu
1068 thereof (*Effective from passage*):

1069 (b) Nothing in chapter 370 shall be construed to prohibit a
1070 radiologist assistant from performing radiologic procedures under the
1071 direct supervision and direction of a physician who is licensed
1072 pursuant to chapter 370 and who is board certified in radiology. A
1073 radiologist assistant may perform radiologic procedures delegated by
1074 a supervising radiologist provided: (1) The supervising radiologist is
1075 satisfied as to the ability and competency of the radiologist assistant;
1076 (2) such delegation is consistent with the health and welfare of the
1077 patient and in keeping with sound medical practice; (3) the
1078 supervising radiologist shall assume full control and responsibility for
1079 all procedures performed by the radiologist assistant; and (4) such
1080 procedures shall be performed under the oversight, control and

1081 direction of the supervising radiologist. Delegated procedures shall be
1082 implemented in accordance with written protocols established by the
1083 supervising radiologist. In addition to those procedures that the
1084 supervising radiologist deems appropriate to be performed under
1085 personal supervision, the following procedures [, including contrast
1086 media administration and needle or catheter placement, must] shall be
1087 performed under personal supervision: (A) Lumbar puncture under
1088 fluoroscopic guidance, (B) lumbar myelogram, (C) thoracic or cervical
1089 myelogram, (D) nontunneled venous central line placement, venous
1090 catheter placement for dialysis, breast needle localization, and (E)
1091 ductogram.

1092 Sec. 27. Subsection (a) of section 20-74qq of the 2010 supplement to
1093 the general statutes is repealed and the following is substituted in lieu
1094 thereof (*Effective July 1, 2011*):

1095 (a) A radiologist assistant may perform radiologic procedures
1096 delegated by a supervising radiologist provided: (1) The supervising
1097 radiologist is satisfied as to the ability and competency of the
1098 radiologist assistant; (2) such delegation is consistent with the health
1099 and welfare of the patient and in keeping with sound medical practice;
1100 (3) the supervising radiologist assumes full control and responsibility
1101 for all procedures performed by the radiologist assistant; and (4) such
1102 procedures are performed under the oversight, control and direction of
1103 the supervising radiologist. A supervising radiologist shall establish
1104 written protocols concerning any procedures delegated by such
1105 radiologist and implemented by a radiologist assistant. In addition to
1106 those procedures that the supervising radiologist deems appropriate to
1107 be performed under personal supervision, the following procedures [,
1108 including contrast media administration and needle or catheter
1109 placement,] shall be performed under personal supervision: (A)
1110 Lumbar puncture under fluoroscopic guidance, (B) lumbar
1111 myelogram, (C) thoracic or cervical myelogram, (D) nontunneled
1112 venous central line placement, (E) venous catheter placement for
1113 dialysis, (F) breast needle localization, and (G) ductogram.

1114 Sec. 28. Section 20-195a of the general statutes is repealed and the
1115 following is substituted in lieu thereof (*Effective October 1, 2010*):

1116 For purposes of this chapter:

1117 (1) "Commissioner" means the Commissioner of Public Health;

1118 (2) "Department" means the Department of Public Health;

1119 (3) "Marital and family therapy" means the evaluation, assessment,
1120 diagnosis, counseling, [and] management and treatment of emotional
1121 disorders, whether cognitive, affective or behavioral, within the
1122 context of marriage and family systems, through the professional
1123 application of individual psychotherapeutic and family-systems
1124 theories and techniques in the delivery of services to individuals,
1125 couples and families.

1126 Sec. 29. Section 19a-181a of the general statutes, as amended by
1127 section 8 of public act 10-18, is repealed and the following is
1128 substituted in lieu thereof (*Effective October 1, 2010*):

1129 The state shall save harmless and indemnify any person certified as
1130 an emergency medical [technician] services instructor by the
1131 Department of Public Health under this chapter from financial loss and
1132 expense, including legal fees and costs, if any, arising out of any claim,
1133 demand, suit or judgment by reason of alleged negligence or other act
1134 resulting in personal injury or property damage, which acts are not
1135 wanton, reckless or malicious, provided such person at the time of the
1136 acts resulting in such injury or damage was acting in the discharge of
1137 his duties in providing emergency medical [technician] services
1138 training and instruction.

1139 Sec. 30. Subdivision (1) of subsection (b) of section 19a-80 of the 2010
1140 supplement to the general statutes is repealed and the following is
1141 substituted in lieu thereof (*Effective from passage*):

1142 (b) (1) Upon receipt of an application for a license, the
1143 Commissioner of Public Health shall issue such license if, upon

1144 inspection and investigation, said commissioner finds that the
1145 applicant, the facilities and the program meet the health, educational
1146 and social needs of children likely to attend the child day care center or
1147 group day care home and comply with requirements established by
1148 regulations adopted under sections 19a-77 to 19a-80, inclusive, and
1149 sections 19a-82 to 19a-87, inclusive. The Commissioner of Public
1150 Health shall offer an expedited application review process for an
1151 application submitted by a municipal agency or department. Each
1152 license shall be for a term of two years, provided on and after October
1153 1, 2008, each license shall be for a term of four years, shall be
1154 [transferable] nontransferable, may be renewed upon payment of the
1155 licensure fee and may be suspended or revoked after notice and an
1156 opportunity for a hearing as provided in section 19a-84 for violation of
1157 the regulations adopted under sections 19a-77 to 19a-80, inclusive, and
1158 sections 19a-82 to 19a-87, inclusive.

1159 Sec. 31. Section 20-206kk of the general statutes is repealed and the
1160 following is substituted in lieu thereof (*Effective October 1, 2010*):

1161 (a) Except as provided in subsection (c) of this section, no person
1162 shall practice paramedicine unless licensed as a paramedic pursuant to
1163 section 20-206ll.

1164 (b) No person shall use the title "paramedic" or make use of any
1165 title, words, letters or abbreviations that may reasonably be confused
1166 with licensure as a paramedic unless licensed pursuant to section 20-
1167 206ll.

1168 (c) No license as a paramedic shall be required of (1) a person
1169 performing services within the scope of practice for which he is
1170 licensed or certified by any agency of this state, or (2) a student, intern
1171 or trainee pursuing a course of study in paramedicine in an accredited
1172 institution of education or within an emergency medical services
1173 program approved by the commissioner, as defined in section 19a-175,
1174 as amended by this act, provided the activities that would otherwise
1175 require a license as a paramedic are performed under supervision and

1176 constitute a part of a supervised course of study.

1177 (d) Paramedics who are currently licensed by a state that maintains
1178 licensing requirements equal to or higher than those in this state shall
1179 be eligible for licensure as a paramedic in this state.

1180 Sec. 32. Subsections (k) to (m), inclusive, of section 19a-490 of the
1181 general statutes are repealed and the following is substituted in lieu
1182 thereof (*Effective October 1, 2010*):

1183 (k) "Home health agency" means an agency licensed as a home
1184 health care agency or a homemaker-home health aide agency; and

1185 (l) "Assisted living services agency" means an agency that provides,
1186 among other things, nursing services and assistance with activities of
1187 daily living to a population that is chronic and stable. [; and]

1188 [(m) "Mobile field hospital" means a modular, transportable facility
1189 used intermittently, deployed at the discretion of the Governor, or the
1190 Governor's designee, for the provision of medical services at a mass
1191 gathering; for the purpose of training or in the event of a public health
1192 or other emergency for isolation care purposes or triage and treatment
1193 during a mass casualty event; or for providing surge capacity for a
1194 hospital during a mass casualty event or infrastructure failure.]

1195 Sec. 33. Section 19a-487 of the general statutes is repealed and the
1196 following is substituted in lieu thereof (*Effective October 1, 2010*):

1197 (a) "Mobile field hospital" means a modular, transportable facility
1198 used intermittently, deployed at the discretion of the Governor, or the
1199 Governor's designee, (1) for the provision of medical services at a mass
1200 gathering; (2) for the purpose of training or in the event of a public
1201 health or other emergency for isolation care purposes or triage and
1202 treatment during a mass-casualty event; or (3) for providing surge
1203 capacity for a hospital during a mass-casualty event or infrastructure
1204 failure.

1205 [(a)] (b) There is established a board of directors to advise the

1206 Department of Public Health on the operations of the mobile field
1207 hospital. The board shall consist of the following members: The
1208 Commissioners of Public Health, Emergency Management and
1209 Homeland Security, Public Safety and Social Services, or their
1210 designees, the Secretary of the Office of Policy and Management, or the
1211 secretary's designee, the Adjutant General, or the Adjutant General's
1212 designee, one representative of a hospital in this state with more than
1213 five hundred licensed beds and one representative of a hospital in this
1214 state with five hundred or fewer licensed beds, both appointed by the
1215 Commissioner of Public Health. The Commissioner of Public Health
1216 shall be the chairperson of the board. The board shall adopt bylaws
1217 and shall meet at such times as specified in such bylaws and at such
1218 other times as the Commissioner of Public Health deems necessary.

1219 [(b)] (c) The board shall advise the department on matters,
1220 including, but not limited to: Operating policies and procedures;
1221 facility deployment and operation; appropriate utilization of the
1222 facility; clinical programs and delivery of patient health care services;
1223 hospital staffing patterns and staff-to-patient ratios; human resources
1224 policies; standards and accreditation guidelines; credentialing of
1225 clinical and support staff; patient admission, transfer and discharge
1226 policies and procedures; quality assurance and performance
1227 improvement; patient rates and billing and reimbursement
1228 mechanisms; staff education and training requirements and alternative
1229 facility uses.

1230 Sec. 34. Section 22a-475 of the general statutes is repealed and the
1231 following is substituted in lieu thereof (*Effective October 1, 2010*):

1232 As used in this section and sections 22a-476 to 22a-483, inclusive, the
1233 following terms shall have the following meanings unless the context
1234 clearly indicates a different meaning or intent:

1235 (1) "Bond anticipation note" means a note issued by a municipality
1236 in anticipation of the receipt of the proceeds of a project loan obligation
1237 or a grant account loan obligation.

1238 (2) "Clean Water Fund" means the fund created under section 22a-
1239 477, as amended by this act.

1240 (3) "Combined sewer projects" means any project undertaken to
1241 mitigate pollution due to combined sewer and storm drain systems,
1242 including, but not limited to, components of regional water pollution
1243 control facilities undertaken to prevent the overflow of untreated
1244 wastes due to collection system inflow, provided the state share of the
1245 cost of such components is less than the state share of the estimated
1246 cost of eliminating such inflow by means of physical separation at the
1247 sources of such inflow.

1248 (4) "Commissioner" means the Commissioner of Environmental
1249 Protection.

1250 (5) "Department" means the Department of Environmental
1251 Protection.

1252 (6) "Disadvantaged communities" means the service area of a public
1253 water system that meets affordability criteria established by the Office
1254 of Policy and Management in accordance with applicable federal
1255 regulations.

1256 (7) "Drinking water federal revolving loan account" means the
1257 drinking water federal revolving loan account of the Clean Water Fund
1258 created under section 22a-477, as amended by this act.

1259 (8) "Drinking water state account" means the drinking water state
1260 account of the Clean Water Fund created under section 22a-477, as
1261 amended by this act.

1262 (9) "Eligible drinking water project" means the planning, design,
1263 development, construction, repair, extension, improvement,
1264 remodeling, alteration, rehabilitation, reconstruction or acquisition of
1265 all or a portion of a public water system approved by the
1266 Commissioner of Public Health, [in consultation with the
1267 Commissioner of Environmental Protection,] under sections 22a-475 to

1268 22a-483, inclusive, as amended by this act.

1269 (10) "Eligible project" means an eligible drinking water project or an
1270 eligible water quality project, as applicable.

1271 (11) "Eligible water quality project" means the planning, design,
1272 development, construction, repair, extension, improvement,
1273 remodeling, alteration, rehabilitation, reconstruction or acquisition of a
1274 water pollution control facility approved by the commissioner under
1275 sections 22a-475 to 22a-483, inclusive, as amended by this act.

1276 (12) "Eligible project costs" means the total costs of an eligible
1277 project which are determined by (A) the commissioner, or (B) if the
1278 project is an eligible drinking water project, the Commissioner of
1279 Public Health, and in consultation with the Department of Public
1280 Utility Control when the recipient is a water company, as defined in
1281 section 16-1, to be necessary and reasonable. The total costs of a project
1282 may include the costs of all labor, materials, machinery and
1283 equipment, lands, property rights and easements, interest on project
1284 loan obligations and bond anticipation notes, including costs of
1285 issuance approved by the commissioner or by the Commissioner of
1286 Public Health if the project is an eligible drinking water project, plans
1287 and specifications, surveys or estimates of costs and revenues,
1288 engineering and legal services, auditing and administrative expenses,
1289 and all other expenses approved by the commissioner or by the
1290 Commissioner of Public Health if the project is an eligible drinking
1291 water project, which are incident to all or part of an eligible project.

1292 (13) "Eligible public water system" means a water company, as
1293 defined in section 25-32a, serving twenty-five or more persons or
1294 fifteen or more service connections year round and nonprofit
1295 noncommunity water systems.

1296 (14) "Grant account loan" means a loan to a municipality by the state
1297 from the water pollution control state account of the Clean Water
1298 Fund.

1299 (15) "Grant account loan obligation" means bonds or other
1300 obligations issued by a municipality to evidence the permanent
1301 financing by such municipality of its indebtedness under a project
1302 funding agreement with respect to a grant account loan, made payable
1303 to the state for the benefit of the water pollution control state account
1304 of the Clean Water Fund and containing such terms and conditions
1305 and being in such form as may be approved by the commissioner.

1306 (16) "Grant anticipation note" means any note or notes issued in
1307 anticipation of the receipt of a project grant.

1308 (17) "Interim funding obligation" means any bonds or notes issued
1309 by a recipient in anticipation of the issuance of project loan obligations,
1310 grant account loan obligations or the receipt of project grants.

1311 (18) "Intended use plan" means a document if required, prepared by
1312 the Commissioner of Public Health, [in consultation with the
1313 commissioner,] in accordance with section 22a-478, as amended by this
1314 act.

1315 (19) "Municipality" means any metropolitan district, town,
1316 consolidated town and city, consolidated town and borough, city,
1317 borough, village, fire and sewer district, sewer district or public
1318 authority and each municipal organization having authority to levy
1319 and collect taxes or make charges for its authorized function.

1320 (20) "Pollution abatement facility" means any equipment, plant,
1321 treatment works, structure, machinery, apparatus or land, or any
1322 combination thereof, which is acquired, used, constructed or operated
1323 for the storage, collection, reduction, recycling, reclamation, disposal,
1324 separation or treatment of water or wastes, or for the final disposal of
1325 residues resulting from the treatment of water or wastes, and includes,
1326 but is not limited to: Pumping and ventilating stations, facilities, plants
1327 and works; outfall sewers, interceptor sewers and collector sewers; and
1328 other real or personal property and appurtenances incident to their use
1329 or operation.

1330 (21) "Priority list of eligible drinking water projects" means the
1331 priority list of eligible drinking water projects established by the
1332 Commissioner of Public Health in accordance with the provisions of
1333 sections 22a-475 to 22a-483, inclusive, as amended by this act.

1334 (22) "Priority list of eligible projects" means the priority list of
1335 eligible drinking water projects or the priority list of eligible water
1336 quality projects, as applicable.

1337 (23) "Priority list of eligible water quality projects" means the
1338 priority list of eligible water quality projects established by the
1339 commissioner in accordance with the provisions of sections 22a-475 to
1340 22a-483, inclusive, as amended by this act.

1341 (24) "Program" means the municipal water quality financial
1342 assistance program, including the drinking water financial assistance
1343 program, created under sections 22a-475 to 22a-483, inclusive, as
1344 amended by this act.

1345 (25) "Project grant" means a grant made to a municipality by the
1346 state from the water pollution control state account of the Clean Water
1347 Fund or the Long Island Sound clean-up account of the Clean Water
1348 Fund.

1349 (26) "Project loan" means a loan made to a recipient by the state
1350 from the Clean Water Fund.

1351 (27) "Project funding agreement" means a written agreement
1352 between the state, acting by and through [the Commissioner of Public
1353 Health and] the commissioner or, if the project is an eligible drinking
1354 water project, acting by and through the Commissioner of Public
1355 Health, in consultation with the Department of Public Utility Control
1356 when the recipient is a water company, as defined in section 16-1, and
1357 a recipient with respect to a project grant, a grant account loan and a
1358 project loan as provided under sections 22a-475 to 22a-483, inclusive,
1359 as amended by this act, and containing such terms and conditions as
1360 may be approved by the commissioner or, if the project is an eligible

1361 drinking water project, by the Commissioner of Public Health.

1362 (28) "Project obligation" or "project loan obligation" means bonds or
1363 other obligations issued by a recipient to evidence the permanent
1364 financing by such recipient of its indebtedness under a project funding
1365 agreement with respect to a project loan, made payable to the state for
1366 the benefit of the water pollution control federal revolving loan
1367 account, the drinking water federal revolving loan account or the
1368 drinking water state account, as applicable, of the Clean Water Fund
1369 and containing such terms and conditions and being in such form as
1370 may be approved by the commissioner or, if the project is an eligible
1371 drinking water project, by the Commissioner of Public Health.

1372 (29) "Public water system" means a public water system, as defined
1373 for purposes of the federal Safe Drinking Water Act, as amended or
1374 superseded.

1375 (30) "Recipient" means a municipality or eligible public water
1376 system, as applicable.

1377 (31) "State bond anticipation note" means any note or notes issued
1378 by the state in anticipation of the issuance of bonds.

1379 (32) "State grant anticipation note" means any note or notes issued
1380 by the state in anticipation of the receipt of federal grants.

1381 (33) "Water pollution control facility" means a pollution abatement
1382 facility which stores, collects, reduces, recycles, reclaims, disposes of,
1383 separates or treats sewage, or disposes of residues from the treatment
1384 of sewage.

1385 (34) "Water pollution control state account" means the water
1386 pollution control state account of the Clean Water Fund created under
1387 section 22a-477, as amended by this act.

1388 (35) "Water pollution control federal revolving loan account" means
1389 the water pollution control federal revolving loan account of the Clean
1390 Water Fund created under section 22a-477, as amended by this act.

1391 (36) "Long Island Sound clean-up account" means the Long Island
1392 Sound clean-up account created under section 22a-477, as amended by
1393 this act.

1394 Sec. 35. Subsection (p) of section 22a-477 of the 2010 supplement to
1395 the general statutes is repealed and the following is substituted in lieu
1396 thereof (*Effective October 1, 2010*):

1397 (p) Within the drinking water federal revolving loan account there
1398 are established the following subaccounts: (1) A federal receipts
1399 subaccount, into which shall be deposited federal capitalization grants
1400 and federal capitalization awards received by the state pursuant to the
1401 federal Safe Drinking Water Act or other related federal acts; (2) a state
1402 bond receipts subaccount into which shall be deposited the proceeds of
1403 notes, bonds or other obligations issued by the state for the purpose of
1404 deposit therein; (3) a state General Fund receipts subaccount into
1405 which shall be deposited funds appropriated by the General Assembly
1406 for the purpose of deposit therein; and (4) a federal loan repayment
1407 subaccount into which shall be deposited payments received from any
1408 recipient in repayment of a project loan made from any moneys
1409 deposited in the drinking water federal revolving loan account.
1410 Moneys in each subaccount created under this subsection may be
1411 expended by the [commissioner] Commissioner of Public Health for
1412 any of the purposes of the drinking water federal revolving loan
1413 account and investment earnings of any subaccount shall be deposited
1414 in such account.

1415 Sec. 36. Subsections (s) and (t) of section 22a-477 of the 2010
1416 supplement to the general statutes are repealed and the following is
1417 substituted in lieu thereof (*Effective October 1, 2010*):

1418 (s) Amounts in the drinking water federal revolving loan account of
1419 the Clean Water Fund shall be available to the [commissioner]
1420 Commissioner of Public Health to provide financial assistance (1) to
1421 any recipient for construction of eligible drinking water projects [and]
1422 approved by the Department of Public Health, and (2) for any other

1423 purpose authorized by the federal Safe Drinking Water Act or other
1424 related federal acts. In providing such financial assistance to recipients,
1425 amounts in such account may be used only: (A) By the [commissioner]
1426 Commissioner of Public Health in conjunction with the State Treasurer
1427 to make loans to recipients at an interest rate not exceeding one-half
1428 the rate of the average net interest cost as determined by the last
1429 previous similar bond issue by the state of Connecticut as determined
1430 by the State Bond Commission in accordance with subsection (t) of
1431 section 3-20, provided such loans shall not exceed a term of twenty
1432 years, or such longer period as may be permitted by applicable federal
1433 law, and shall have principal and interest payments commencing not
1434 later than one year after scheduled completion of the project, and
1435 provided the loan recipient shall establish a dedicated source of
1436 revenue for repayment of the loan, except to the extent that the priority
1437 list of eligible drinking water projects allows for the making of project
1438 loans [to disadvantaged communities] upon different terms, including
1439 reduced interest rates or an extended term, if permitted by federal law;
1440 (B) by the [commissioner] Commissioner of Public Health to
1441 guarantee, or purchase insurance for, local obligations, where such
1442 action would improve credit market access or reduce interest rates; (C)
1443 as a source of revenue or security for the payment of principal and
1444 interest on revenue or general obligation bonds issued by the state if
1445 the proceeds of the sale of such bonds have been deposited in such
1446 account; (D) to be invested by the State Treasurer and earn interest on
1447 moneys in such account; (E) by the [Commissioner of Environmental
1448 Protection and the] Department of Public Health to pay for the
1449 reasonable costs of administering such account and conducting
1450 activities under the federal Safe Drinking Water Act or other related
1451 federal acts; and (F) by the [Commissioner of Environmental
1452 Protection and the] Commissioner of Public Health to provide
1453 additional forms of subsidization, including grants, principal
1454 forgiveness or negative interest loans or any combination thereof, if
1455 permitted by federal law and made pursuant to a project funding
1456 agreement in accordance with subsection (k) of section 22a-478, as
1457 amended by this act.

1458 (t) Amounts in the drinking water state account of the Clean Water
1459 Fund shall be available: (1) To be invested by the State Treasurer to
1460 earn interest on moneys in such account; (2) for the Commissioner of
1461 [Environmental Protection to make grants] Public Health to provide
1462 additional forms of subsidization, including grants, principal
1463 forgiveness or negative forgiveness loans or any combination thereof
1464 to recipients in a manner provided under the federal Safe Drinking
1465 Water Act in the amounts and in the manner set forth in a project
1466 funding agreement; (3) [with the concurrence of the Commissioner of
1467 Public Health] for the Commissioner of [Environmental Protection]
1468 Public Health to make loans to recipients in amounts and in the
1469 manner set forth in a project funding agreement for planning and
1470 developing eligible drinking water projects prior to construction and
1471 permanent financing; (4) [with the concurrence of the Commissioner of
1472 Public Health] for the Commissioner of [Environmental Protection]
1473 Public Health to make loans to recipients, for terms not exceeding
1474 twenty years, for an eligible drinking water project; (5) [with the
1475 concurrence of the Commissioner of Public Health] for the
1476 Commissioner of [Environmental Protection] Public Health to pay the
1477 costs of studies and surveys to determine drinking water needs and
1478 priorities and to pay the expenses of the Department of
1479 [Environmental Protection and the Department of] Public Health in
1480 undertaking such studies and surveys and in administering the
1481 program; (6) for the payment of costs as agreed to by the Department
1482 of Public Health after consultation with the Secretary of the Office of
1483 Policy and Management and the office of the State Treasurer for
1484 administration and management of the drinking water programs
1485 within the Clean Water Fund; (7) [provided such amounts are not
1486 required for the purposes of such fund,] for the State Treasurer to pay
1487 debt service on bonds of the state issued to fund the drinking water
1488 programs within the Clean Water Fund, or for the purchase or
1489 redemption of such bonds; and (8) for any other purpose of the
1490 drinking water programs within the Clean Water Fund and the
1491 program relating thereto.

1492 Sec. 37. Subsections (h) to (n), inclusive, of section 22a-478 of the
1493 general statutes are repealed and the following is substituted in lieu
1494 thereof (*Effective October 1, 2010*):

1495 (h) The Department of Public Health shall establish and maintain a
1496 priority list of eligible drinking water projects and shall establish a
1497 system setting the priority for making project loans to eligible public
1498 water systems. In establishing such priority list and ranking system,
1499 the Commissioner of Public Health shall consider all factors which he
1500 deems relevant, including but not limited to the following: (1) The
1501 public health and safety; (2) protection of environmental resources; (3)
1502 population affected; (4) risk to human health; (5) public water systems
1503 most in need on a per household basis according to applicable state
1504 affordability criteria; (6) compliance with the applicable requirements
1505 of the federal Safe Drinking Water Act and other related federal acts;
1506 (7) applicable state and federal regulations. The priority list of eligible
1507 drinking water projects shall include a description of each project and
1508 its purpose, impact, cost and construction schedule, and an
1509 explanation of the manner in which priorities were established. The
1510 Commissioner of Public Health shall adopt an interim priority list of
1511 eligible drinking water projects for the purpose of making project
1512 loans prior to adoption of final regulations, and in so doing may utilize
1513 existing rules and regulations of the department relating to the
1514 program. To the extent required by applicable federal law, the
1515 Department of Public Health [and the Commissioner of Environmental
1516 Protection] shall prepare any required intended use plan with respect
1517 to eligible drinking water projects; (8) consistency with the plan of
1518 conservation and development; (9) consistency with the policies
1519 delineated in section 22a-380; and (10) consistency with the
1520 coordinated water system plan in accordance with subsection (f) of
1521 section 25-33d.

1522 (i) In each fiscal year the [commissioner] Commissioner of Public
1523 Health may make project loans to recipients in the order of the priority
1524 list of eligible drinking water projects to the extent of moneys available
1525 therefor in the appropriate accounts of the Clean Water Fund. Each

1526 recipient undertaking an eligible drinking water project may apply for
1527 and receive a project loan or loans in an amount equal to one hundred
1528 per cent of the eligible project costs.

1529 (j) The funding of an eligible drinking water project shall be
1530 pursuant to a project funding agreement between the state, acting by
1531 and through the Commissioner of [Environmental Protection and the
1532 Commissioner of] Public Health, and the recipient undertaking such
1533 project and shall be evidenced by a project fund obligation or an
1534 interim funding obligation of such recipient issued in accordance with
1535 section 22a-479, as amended by this act. A project funding agreement
1536 shall be in a form prescribed by the Commissioner of [Environmental
1537 Protection and the Commissioner of] Public Health. Any eligible
1538 drinking water project shall receive a project loan for the costs of the
1539 project. All loans made in accordance with the provisions of this
1540 section for an eligible drinking water project shall bear an interest rate
1541 not exceeding one-half the rate of the average net interest cost as
1542 determined by the last previous similar bond issue by the state of
1543 Connecticut as determined by the State Bond Commission in
1544 accordance with subsection (t) of section 3-20. The [commissioner]
1545 Commissioner of Public Health may allow any project fund obligation
1546 or interim funding obligation for an eligible drinking water project to
1547 be repaid by a borrowing recipient prior to maturity without penalty.

1548 (k) Each project loan for an eligible drinking water project shall be
1549 made pursuant to a project funding agreement between the state,
1550 acting by and through the Commissioner of [Environmental Protection
1551 and the Department of] Public Health, and such recipient, and each
1552 project loan for an eligible drinking water project shall be evidenced by
1553 a project loan obligation or by an interim funding obligation of such
1554 recipient issued in accordance with sections 22a-475 to 22a-483,
1555 inclusive, as amended by this act. Except as otherwise provided in said
1556 sections 22a-475 to 22a-483, inclusive, as amended by this act, each
1557 project funding agreement shall contain such terms and conditions,
1558 including provisions for default which shall be enforceable against a
1559 recipient, as shall be approved by the Commissioner of

1560 [Environmental Protection and the Commissioner of] Public Health.
1561 Each project loan obligation or interim funding obligation issued
1562 pursuant to a project funding agreement for an eligible drinking water
1563 project shall bear an interest rate not exceeding one-half the rate of the
1564 average net interest cost as determined by the last previous similar
1565 bond issue by the state of Connecticut as determined by the State Bond
1566 Commission in accordance with subsection (t) of section 3-20. Except
1567 as otherwise provided in said sections 22a-475 to 22a-483, inclusive, as
1568 amended by this act, each project loan obligation and interim funding
1569 obligation shall be issued in accordance with the terms and conditions
1570 set forth in the project funding agreement. Notwithstanding any other
1571 provision of the general statutes, public act or special act to the
1572 contrary, each project loan obligation for an eligible drinking water
1573 project shall mature no later than twenty years from the date of
1574 completion of the construction of the project and shall be paid in
1575 monthly installments of principal and interest or in monthly
1576 installments of principal unless a finding is otherwise made by the
1577 State Treasurer requiring a different payment schedule. Interest on
1578 each project loan obligation for an eligible drinking water project shall
1579 be payable monthly unless a finding is otherwise made by the State
1580 Treasurer requiring a different payment schedule. Principal and
1581 interest on interim funding obligations issued under a project funding
1582 agreement for an eligible drinking water project shall be payable at
1583 such time or times as provided in the project funding agreement, not
1584 exceeding six months after the date of completion of the planning and
1585 design phase or the construction phase, as applicable, of the eligible
1586 drinking water project, as determined by the Commissioner of
1587 [Environmental Protection and the Commissioner of] Public Health,
1588 and may be paid from the proceeds of a renewal note or notes or from
1589 the proceeds of a project loan obligation. The [commissioner]
1590 Commissioner of Public Health may allow any project loan obligation
1591 or interim funding obligation for an eligible drinking water project to
1592 be repaid by the borrowing recipient prior to maturity without
1593 penalty. [with the concurrence of the Commissioner of Public Health.]

1594 (l) The [Commissioner of Environmental Protection and the]
1595 Commissioner of Public Health may make a project loan to a recipient
1596 pursuant to a project funding agreement for an eligible drinking water
1597 project for the planning and design phase of an eligible project, to the
1598 extent provided by the federal Safe Drinking Water Act, as amended.
1599 Principal and interest on a project loan for the planning and design
1600 phases of an eligible drinking water project may be paid from and
1601 included in the principal amount of a loan for the construction phase
1602 of an eligible drinking water project.

1603 (m) A project loan for an eligible drinking water project shall not be
1604 made to a recipient unless: (1) In the case of a project loan for the
1605 construction phase, final plans and specifications for such project are
1606 approved by the Commissioner of Public Health, and when the
1607 recipient is a water company, as defined in section 16-1, with the
1608 concurrence of the Department of Public Utility Control, and with the
1609 approval of the Commissioner of [Environmental Protection] Public
1610 Health for consistency with financial requirements of the general
1611 statutes, regulations and resolutions; (2) each recipient undertaking
1612 such project provides assurances satisfactory to the Commissioner of
1613 Public Health [and the Commissioner of Environmental Protection]
1614 that the recipient shall undertake and complete such project with due
1615 diligence and, in the case of a project loan for the construction phase,
1616 that it shall own such project and shall operate and maintain the
1617 eligible drinking water project for a period and in a manner
1618 satisfactory to the Department of Public Health after completion of
1619 such project; (3) each recipient undertaking such project has filed with
1620 the Commissioner of Public Health all applications and other
1621 documents prescribed by the [Commissioner of Environmental
1622 Protection, the] Department of Public Utility Control and the
1623 Commissioner of Public Health within time periods prescribed by the
1624 Commissioner of Public Health; (4) each recipient undertaking such
1625 project has established separate accounts for the receipt and
1626 disbursement of the proceeds of such project loan and has agreed to
1627 maintain project accounts in accordance with generally accepted

1628 government accounting standards or uniform system of accounts, as
1629 applicable; (5) in any case in which an eligible drinking water project
1630 shall be owned or maintained by more than one recipient, the
1631 [commissioner] Commissioner of Public Health has received evidence
1632 satisfactory to him that all such recipients are legally required to
1633 complete their respective portions of such project; (6) each recipient
1634 undertaking such project has agreed to comply with such audit
1635 requirements as may be imposed by the [commissioner] Commissioner
1636 of Public Health; and (7) in the case of a project loan for the
1637 construction phase, each recipient shall assure the [Commissioner of
1638 Environmental Protection, the] Department of Public Utility Control,
1639 as required, and the Commissioner of Public Health that it has
1640 adequate legal, institutional, technical, managerial and financial
1641 capability to ensure compliance with the requirements of applicable
1642 federal law, except to the extent otherwise permitted by federal law.

1643 (n) Notwithstanding any provision of sections 22a-475 to 22a-483,
1644 inclusive, as amended by this act, to the contrary, the Commissioner of
1645 Public Health [with the concurrence of the Commissioner of
1646 Environmental Protection] may make a project loan or loans in
1647 accordance with the provisions of subsection (j) of this section with
1648 respect to an eligible drinking water project without regard to the
1649 priority list of eligible drinking water projects if a public drinking
1650 water supply emergency exists, pursuant to section 25-32b, which
1651 requires that the eligible drinking water project be undertaken to
1652 protect the public health and safety.

1653 Sec. 38. Subsections (c) and (d) of section 22a-479 of the general
1654 statutes are repealed and the following is substituted in lieu thereof
1655 (*Effective October 1, 2010*):

1656 (c) Whenever a recipient has entered into a project funding
1657 agreement and has authorized the issuance of project loan obligations
1658 or grant account loan obligations, it may authorize the issuance of
1659 interim funding obligations. Proceeds from the issuance and sale of
1660 interim funding obligations shall be used to temporarily finance an

1661 eligible project pending receipt of the proceeds of a project loan
1662 obligation, a grant account loan obligation or project grant. Such
1663 interim funding obligations may be issued and sold to the state for the
1664 benefit of the Clean Water Fund or issued and sold to any other lender
1665 on such terms and in such manner as shall be determined by a
1666 recipient. Such interim funding obligations may be renewed from time
1667 to time by the issuance of other notes, provided the final maturity of
1668 such notes shall not exceed six months from the date of completion of
1669 the planning and design phase or the construction phase, as applicable,
1670 of an eligible project, as determined by the commissioner or, if the
1671 project is an eligible drinking water project, by the Commissioner of
1672 Public Health. Such notes and any renewals of a municipality shall not
1673 be subject to the requirements and limitations set forth in sections 7-
1674 378, 7-378a and 7-264. The provisions of section 7-374 shall apply to
1675 such notes and any renewals thereof of a municipality; except that
1676 project loan obligations, grant account loan obligations and interim
1677 funding obligations issued in order to meet the requirements of an
1678 abatement order of the commissioner shall not be subject to the debt
1679 limitation provisions of section 7-374, provided the municipality files a
1680 certificate, signed by its chief fiscal officer, with the commissioner
1681 demonstrating to the satisfaction of the commissioner that the
1682 municipality has a plan for levying a system of charges, assessments or
1683 other revenues sufficient, together with other available funds of the
1684 municipality, to repay such obligations as the same become due and
1685 payable. The officer or agency authorized by law or by vote of the
1686 recipient to issue such interim funding obligations shall, within any
1687 limitation imposed by such law or vote, determine the date, maturity,
1688 interest rate, form, manner of sale and other details of such obligations.
1689 Such obligations may bear interest or be sold at a discount and the
1690 interest or discount on such obligations, including renewals thereof,
1691 and the expense of preparing, issuing and marketing them may be
1692 included as a part of the cost of an eligible project. Upon the issuance
1693 of a project loan obligation or grant account loan obligation, the
1694 proceeds thereof, to the extent required, shall be applied forthwith to
1695 the payment of the principal of and interest on all interim funding

1696 obligations issued in anticipation thereof and upon receipt of a project
1697 grant, the proceeds thereof, to the extent required, shall be applied
1698 forthwith to the payment of the principal of and interest on all grant
1699 anticipation notes issued in anticipation thereof or, in either case, shall
1700 be deposited in trust for such purpose with a bank or trust company,
1701 which may be the bank or trust company, if any, at which such
1702 obligations are payable.

1703 (d) Project loan obligations, grant account loan obligations, interim
1704 funding obligations or any obligation of a municipality that satisfies
1705 the requirements of Title VI of the federal Water Pollution Control Act
1706 or the federal Safe Drinking Water Act or other related federal act may,
1707 as determined by the commissioner or, if the project is an eligible
1708 drinking water project, by the Commissioner of Public Health, be
1709 general obligations of the issuing municipality and in such case each
1710 such obligation shall recite that the full faith and credit of the issuing
1711 municipality are pledged for the payment of the principal thereof and
1712 interest thereon. To the extent a municipality is authorized pursuant to
1713 sections 22a-475 to 22a-483, inclusive, as amended by this act, to issue
1714 project loan obligations or interim funding obligations, such
1715 obligations may be secured by a pledge of revenues and other funds
1716 derived from its sewer system or public water supply system, as
1717 applicable. Each pledge and agreement made for the benefit or security
1718 of any of such obligations shall be in effect until the principal of, and
1719 interest on, such obligations have been fully paid, or until provision
1720 has been made for payment in the manner provided in the resolution
1721 authorizing their issuance or in the agreement for the benefit of the
1722 holders of such obligations. In any such case, such pledge shall be
1723 valid and binding from the time when such pledge is made. Any
1724 revenues or other receipts, funds or moneys so pledged and thereafter
1725 received by the municipality shall immediately be subject to the lien of
1726 such pledge without any physical delivery thereof or further act. The
1727 lien of any such pledge shall be valid and binding as against all parties
1728 having claims of any kind in tort, contract or otherwise against the
1729 municipality, irrespective of whether such parties have notice thereof.

1730 Neither the project loan obligation, interim funding obligation, project
1731 funding agreement nor any other instrument by which a pledge is
1732 created need be recorded. All securities or other investments of
1733 moneys of the state permitted or provided for under sections 22a-475
1734 to 22a-483, inclusive, as amended by this act, may, upon the
1735 determination of the State Treasurer, be purchased and held in fully
1736 marketable form, subject to provision for any registration in the name
1737 of the state. Securities or other investments at any time purchased,
1738 held or owned by the state may, upon the determination of the State
1739 Treasurer and upon delivery to the state, be accompanied by such
1740 documentation, including approving bond opinion, certification and
1741 guaranty as to signatures and certification as to absence of litigation,
1742 and such other or further documentation as shall from time to time be
1743 required in the municipal bond market or required by the state.

1744 Sec. 39. Subsection (f) of section 22a-479 of the general statutes is
1745 repealed and the following is substituted in lieu thereof (*Effective*
1746 *October 1, 2010*):

1747 (f) Any recipient which is not a municipality shall execute and
1748 deliver project loan obligations and interim financing obligations in
1749 accordance with applicable law and in such form and with such
1750 requirements as may be determined by the commissioner or by the
1751 Commissioner of Public Health if the project is an eligible drinking
1752 water project. The Commissioner of Public Health and the Department
1753 of Public Utility Control as required by section 16-19e shall review and
1754 approve all costs that are necessary and reasonable prior to the award
1755 of the project funding agreement with respect to an eligible drinking
1756 water project. The Department of Public Utility Control, where
1757 appropriate, shall include these costs in the recipient's rate structure in
1758 accordance with section 16-19e.

1759 Sec. 40. Section 22a-480 of the general statutes is repealed and the
1760 following is substituted in lieu thereof (*Effective October 1, 2010*):

1761 No provision of sections 22a-475 to 22a-483, inclusive, as amended

1762 by this act, shall be construed or deemed to supersede or limit the
1763 authority granted the commissioner and the Commissioner of Public
1764 Health pursuant to this chapter.

1765 Sec. 41. Section 22a-482 of the general statutes is repealed and the
1766 following is substituted in lieu thereof (*Effective October 1, 2010*):

1767 The Commissioner of Environmental Protection [and the
1768 Commissioner of Public Health] shall adopt regulations in accordance
1769 with the provisions of chapter 54 to carry out the purposes of sections
1770 22a-475 to 22a-483, inclusive, as amended by this act, except that the
1771 Commissioner of Public Health shall adopt regulations in accordance
1772 with the provisions of chapter 54 to carry out the purposes of sections
1773 22a-475 to 22a-483, inclusive, as amended by this act, pertaining to the
1774 drinking water accounts, as defined in subdivisions (7) and (8) of
1775 section 22a-475, as amended by this act, and eligible drinking water
1776 projects. Pending the adoption of regulations concerning the drinking
1777 water accounts, as defined in subdivisions (7) and (8) of section 22a-
1778 475, as amended by this act, the regulations in effect and applicable to
1779 the management and operation of the Clean Water Fund shall be
1780 utilized by the Commissioner of Public Health [and the Commissioner
1781 of Environmental Protection in connection] with the operation of the
1782 drinking water accounts, as defined in subdivisions (7) and (8) of said
1783 section 22a-475, as amended by this act.

1784 Sec. 42. Section 20-101 of the general statutes is repealed and the
1785 following is substituted in lieu thereof (*Effective October 1, 2010*):

1786 No provision of this chapter shall confer any authority to practice
1787 medicine or surgery nor shall this chapter prohibit any person from
1788 the domestic administration of family remedies or the furnishing of
1789 assistance in the case of an emergency; nor shall it be construed as
1790 prohibiting persons employed in state hospitals and state sanatoriums
1791 and subsidiary workers in general hospitals from assisting in the
1792 nursing care of patients if adequate medical and nursing supervision is
1793 provided; nor shall it be construed to prohibit the administration of

1794 medications by dialysis patient care technicians in accordance with
1795 section 19a-269a; nor shall it be construed as prohibiting students who
1796 are enrolled in schools of nursing approved pursuant to section 20-90,
1797 and students who are enrolled in schools for licensed practical nurses
1798 approved pursuant to section 20-90, from performing such work as is
1799 incidental to their respective courses of study; nor shall it prohibit a
1800 registered nurse who holds a master's degree in nursing or in a related
1801 field recognized for certification as either a nurse practitioner, a clinical
1802 nurse specialist, or a nurse anesthetist by one of the certifying bodies
1803 identified in section 20-94a from practicing for a period not to exceed
1804 one hundred twenty days after the date of graduation, provided such
1805 graduate advanced practice registered nurse is working in a hospital
1806 or other organization under the supervision of a licensed physician or
1807 a licensed advanced practice registered nurse, such hospital or other
1808 organization has verified that the graduate advanced practice
1809 registered nurse has applied to sit for the national certification
1810 examination and the graduate advanced practice registered nurse is
1811 not authorized to prescribe or dispense drugs; nor shall it prohibit
1812 graduates of schools of nursing or schools for licensed practical nurses
1813 approved pursuant to section 20-90, from nursing the sick for a period
1814 not to exceed ninety calendar days after the date of graduation,
1815 provided such graduate nurses are working in hospitals or
1816 organizations where adequate supervision is provided, and such
1817 hospital or other organization has verified that the graduate nurse has
1818 successfully completed a nursing program. Upon notification that the
1819 graduate nurse has failed the licensure examination or that the
1820 graduate advanced practice registered nurse has failed the certification
1821 examination, all privileges under this section shall automatically cease.
1822 No provision of this chapter shall prohibit any registered nurse who
1823 has been issued a temporary permit by the department, pursuant to
1824 subsection (b) of section 20-94, from caring for the sick pending the
1825 issuance of a license without examination; nor shall it prohibit any
1826 licensed practical nurse who has been issued a temporary permit by
1827 the department, pursuant to subsection (b) of section 20-97, from
1828 caring for the sick pending the issuance of a license without

1829 examination; nor shall it prohibit any qualified registered nurse or any
1830 qualified licensed practical nurse of another state from caring for a
1831 patient temporarily in this state, provided such nurse has been granted
1832 a temporary permit from said department and provided such nurse
1833 shall not represent or hold himself or herself out as a nurse licensed to
1834 practice in this state; nor shall it prohibit registered nurses or licensed
1835 practical nurses from other states from doing such nursing as is
1836 incident to their course of study when taking postgraduate courses in
1837 this state; nor shall it prohibit nursing or care of the sick, with or
1838 without compensation or personal profit, in connection with the
1839 practice of the religious tenets of any church by adherents thereof,
1840 provided such persons shall not otherwise engage in the practice of
1841 nursing within the meaning of this chapter. This chapter shall not
1842 prohibit the care of persons in their homes by domestic servants,
1843 housekeepers, nursemaids, companions, attendants or household aides
1844 of any type, whether employed regularly or because of an emergency
1845 of illness, if such persons are not initially employed in a nursing
1846 capacity. This chapter shall not prohibit unlicensed assistive personnel
1847 from administering jejunostomy and gastrojejunal tube feedings to
1848 persons who (1) attend day programs or respite centers under the
1849 jurisdiction of the Department of Developmental Services, (2) reside in
1850 residential facilities under the jurisdiction of the Department of
1851 Developmental Services, or (3) receive support under the jurisdiction
1852 of the Department of Developmental Services, when such feedings are
1853 performed by trained, unlicensed assistive personnel pursuant to the
1854 written order of a physician licensed under chapter 370, an advanced
1855 practice registered nurse licensed to prescribe in accordance with
1856 section 20-94a or a physician assistant licensed to prescribe in
1857 accordance with section 20-12d.

1858 Sec. 43. Section 19a-32f of the general statutes is repealed and the
1859 following is substituted in lieu thereof (*Effective October 1, 2010*):

1860 (a) (1) There is established a Stem Cell Research Advisory
1861 Committee. The committee shall consist of the Commissioner of Public
1862 Health and eight members who shall be appointed as follows: Two by

1863 the Governor, one of whom shall be nationally recognized as an active
1864 investigator in the field of stem cell research and one of whom shall
1865 have background and experience in the field of bioethics; one each by
1866 the president pro tempore of the Senate and the speaker of the House
1867 of Representatives, who shall have background and experience in
1868 private sector stem cell research and development; one each by the
1869 majority leaders of the Senate and House of Representatives, who shall
1870 be academic researchers specializing in stem cell research; one by the
1871 minority leader of the Senate, who shall have background and
1872 experience in either private or public sector stem cell research and
1873 development or related research fields, including, but not limited to,
1874 embryology, genetics or cellular biology; and one by the minority
1875 leader of the House of Representatives, who shall have background
1876 and experience in business or financial investments. Members shall
1877 serve for a term of four years commencing on October first, except that
1878 members first appointed by the Governor and the majority leaders of
1879 the Senate and House of Representatives shall serve for a term of two
1880 years. No member may serve for more than two consecutive four-year
1881 terms and no member may serve concurrently on the Stem Cell
1882 Research Peer Review Committee established pursuant to section 19a-
1883 32g. All initial appointments to the committee shall be made by
1884 October 1, 2005. Any vacancy shall be filled by the appointing
1885 authority.

1886 (2) On and after July 1, 2006, the advisory committee shall include
1887 eight additional members who shall be appointed as follows: Two by
1888 the Governor, one of whom shall be nationally recognized as an active
1889 investigator in the field of stem cell research and one of whom shall
1890 have background and experience in the field of ethics; one each by the
1891 president pro tempore of the Senate and the speaker of the House of
1892 Representatives, who shall have background and experience in private
1893 sector stem cell research and development; one each by the majority
1894 leaders of the Senate and House of Representatives, who shall be
1895 academic researchers specializing in stem cell research; one by the
1896 minority leader of the Senate, who shall have background and

1897 experience in either private or public sector stem cell research and
1898 development or related research fields, including, but not limited to,
1899 embryology, genetics or cellular biology; and one by the minority
1900 leader of the House of Representatives, who shall have background
1901 and experience in business or financial investments. Members shall
1902 serve for a term of four years, except that (A) members first appointed
1903 by the Governor and the majority leaders of the Senate and House of
1904 Representatives pursuant to this subdivision shall serve for a term of
1905 two years and three months, and (B) members first appointed by the
1906 remaining appointing authorities shall serve for a term of four years
1907 and three months. No member appointed pursuant to this subdivision
1908 may serve for more than two consecutive four-year terms and no such
1909 member may serve concurrently on the Stem Cell Research Peer
1910 Review Committee established pursuant to section 19a-32g. All initial
1911 appointments to the committee pursuant to this subdivision shall be
1912 made by July 1, 2006. Any vacancy shall be filled by the appointing
1913 authority.

1914 (b) The Commissioner of Public Health shall serve as the
1915 chairperson of the committee and shall schedule the first meeting of
1916 the committee, which shall be held no later than December 1, 2005.

1917 (c) All members appointed to the committee shall work to advance
1918 embryonic and human adult stem cell research. Any member who fails
1919 to attend three consecutive meetings or who fails to attend fifty per
1920 cent of all meetings held during any calendar year shall be deemed to
1921 have resigned from the committee.

1922 (d) Notwithstanding the provisions of any other law, it shall not
1923 constitute a conflict of interest for a trustee, director, partner, officer,
1924 stockholder, proprietor, counsel or employee of any eligible institution,
1925 or for any other individual with a financial interest in any eligible
1926 institution, to serve as a member of the committee. All members shall
1927 be deemed public officials and shall adhere to the code of ethics for
1928 public officials set forth in chapter 10. Members may participate in the
1929 affairs of the committee with respect to the review or consideration of

1930 grant-in-aid applications, including the approval or disapproval of
1931 such applications, except that no member shall participate in the affairs
1932 of the committee with respect to the review or consideration of any
1933 grant-in-aid application filed by such member or by any eligible
1934 institution in which such member has a financial interest, or with
1935 whom such member engages in any business, employment, transaction
1936 or professional activity.

1937 (e) The Stem Cell Research Advisory Committee shall (1) develop,
1938 in consultation with the Commissioner of Public Health, a donated
1939 funds program to encourage the development of funds other than state
1940 appropriations for embryonic and human adult stem cell research in
1941 this state, (2) examine and identify specific ways to improve and
1942 promote for-profit and not-for-profit embryonic and human adult stem
1943 cell and related research in the state, including, but not limited to,
1944 identifying both public and private funding sources for such research,
1945 maintaining existing embryonic and human adult stem-cell-related
1946 businesses, recruiting new embryonic and human adult stem-cell-
1947 related businesses to the state and recruiting scientists and researchers
1948 in such field to the state, (3) establish and administer, in consultation
1949 with the Commissioner of Public Health, a stem cell research grant
1950 program which shall provide grants-in-aid to eligible institutions for
1951 the advancement of embryonic or human adult stem cell research in
1952 this state pursuant to section 19a-32e, and (4) monitor the stem cell
1953 research conducted by eligible institutions that receive such grants-in-
1954 aid.

1955 (f) Connecticut Innovations, Incorporated shall serve as
1956 administrative staff of the committee and shall assist the committee in
1957 (1) developing the application for the grants-in-aid authorized under
1958 subsection (e) of this section, (2) reviewing such applications, (3)
1959 preparing and executing any assistance agreements or other
1960 agreements in connection with the awarding of such grants-in-aid, and
1961 (4) performing such other administrative duties as the committee
1962 deems necessary.

1963 [(g) Not later than June 30, 2007, and annually thereafter until June
1964 30, 2015, the Stem Cell Research Advisory Committee shall report, in
1965 accordance with section 11-4a, to the Governor and the General
1966 Assembly on (1) the amount of grants-in-aid awarded to eligible
1967 institutions from the Stem Cell Research Fund pursuant to section 19a-
1968 32e, (2) the recipients of such grants-in-aid, and (3) the current status of
1969 stem cell research in the state.]

1970 Sec. 44. Section 19a-701 of the general statutes is repealed and the
1971 following is substituted in lieu thereof (*Effective October 1, 2010*):

1972 [(a)] A managed residential community shall meet the requirements
1973 of all applicable federal and state laws and regulations, including, but
1974 not limited to, the Public Health Code, State Building Code and the
1975 State Fire Safety Code, and federal and state laws and regulations
1976 governing handicapped accessibility.

1977 [(b) The Commissioner of Public Health shall adopt regulations, in
1978 accordance with chapter 54, to carry out the provisions of sections 19a-
1979 693 to 19a-701, inclusive.]

1980 Sec. 45. Section 19a-200 of the general statutes is repealed and the
1981 following is substituted in lieu thereof (*Effective October 1, 2010*):

1982 (a) The mayor of each city, the warden of each borough, and the
1983 chief executive officer of each town shall, unless the charter of such
1984 city, town or borough otherwise provides, nominate some person to be
1985 director of health for such city, town or borough, which nomination
1986 shall be confirmed or rejected by the board of selectmen, if there be
1987 such a board, otherwise by the legislative body of such city or town or
1988 by the burgesses of such borough within thirty days thereafter.
1989 Notwithstanding the charter provisions of any city, town or borough
1990 with respect to the qualifications of the director of health, [such] on
1991 and after October 1, 2010, any person nominated to be a director of
1992 health shall [either] (1) be a licensed physician [or shall] and hold a
1993 [graduate] degree in public health [as a result of at least one year's
1994 training, including at least sixty hours in local public health

1995 administration, in a recognized school of public health or shall have
1996 such combination of training and experience as meets the approval of
1997 the Commissioner of Public Health] from an accredited school, college,
1998 university or institution, or (2) hold a graduate degree in public health
1999 from an accredited school, college or institution. The educational
2000 requirements of this section shall not apply to any director of health
2001 nominated or otherwise appointed as director of health prior to
2002 October 1, 2010. In cities, towns or boroughs with a population of forty
2003 thousand or more for five consecutive years, according to the
2004 estimated population figures authorized pursuant to subsection (b) of
2005 section 8-159a, such director of health shall serve in a full-time
2006 capacity, except where a town has designated such director as the chief
2007 medical advisor for its public schools under section 10-205, and shall
2008 not engage in private practice. Such director of health shall have and
2009 exercise within the limits of the city, town or borough for which such
2010 director is appointed all powers necessary for enforcing the general
2011 statutes, provisions of the Public Health Code relating to the
2012 preservation and improvement of the public health and preventing the
2013 spread of diseases therein. In case of the absence or inability to act of a
2014 city, town or borough director of health or if a vacancy exists in the
2015 office of such director, the appointing authority of such city, town or
2016 borough may, with the approval of the Commissioner of Public
2017 Health, designate in writing a suitable person to serve as acting
2018 director of health during the period of such absence or inability or
2019 vacancy, provided the commissioner may appoint such acting director
2020 if the city, town or borough fails to do so. The person so designated,
2021 when sworn, shall have all the powers and be subject to all the duties
2022 of such director. In case of vacancy in the office of such director, if such
2023 vacancy exists for thirty days, said commissioner may appoint a
2024 director of health for such city, town or borough. Said commissioner,
2025 may, for cause, remove an officer the commissioner or any predecessor
2026 in said office has appointed, and the common council of such city,
2027 town or the burgesses of such borough may, respectively, for cause,
2028 remove a director whose nomination has been confirmed by them,
2029 provided such removal shall be approved by said commissioner; and,

2030 within two days thereafter, notice in writing of such action shall be
2031 given by the clerk of such city, town or borough, as the case may be, to
2032 said commissioner, who shall, within ten days after receipt, file with
2033 the clerk from whom the notice was received, approval or disapproval.
2034 Each such director of health shall hold office for the term of four years
2035 from the date of appointment and until a successor is nominated and
2036 confirmed in accordance with this section. Each director of health shall,
2037 annually, at the end of the fiscal year of the city, town or borough, file
2038 with the Department of Public Health a report of the doings as such
2039 director for the year preceding.

2040 (b) On and after July 1, 1988, each municipality shall provide for the
2041 services of a sanitarian certified under chapter 395 to work under the
2042 direction of the local director of health. Where practical, the local
2043 director of health may act as the sanitarian.

2044 (c) As used in this chapter, "authorized agent" means a sanitarian
2045 certified under chapter 395 and any individual certified for a specific
2046 program of environmental health by the Commissioner of Public
2047 Health in accordance with the Public Health Code.

2048 Sec. 46. Section 19a-244 of the general statutes is repealed and the
2049 following is substituted in lieu thereof (*Effective October 1, 2010*):

2050 [The] On and after October 1, 2010, any person nominated to be the
2051 director of health shall [either (1) be a doctor of medicine and hold a
2052 degree in public health as a result of having at least one year's special
2053 training in public health, or, in lieu of said degree, shall meet the
2054 qualifications prescribed by the Commissioner of Public Health, or (2)
2055 be trained in public health and hold a masters degree in public health]
2056 (1) be a licensed physician and hold a degree in public health from an
2057 accredited school, college, university or institution, or (2) hold a
2058 graduate degree in public health from an accredited school, college or
2059 institution. The educational requirements of this section shall not
2060 apply to any director of health nominated or otherwise appointed as
2061 director of health prior to October 1, 2010. The board may specify in a

2062 written agreement with such director the term of office, which shall
2063 not exceed three years, salary and duties required of and
2064 responsibilities assigned to such director in addition to those required
2065 by the general statutes or the Public Health Code, if any. He shall be
2066 removed during the term of such written agreement only for cause
2067 after a public hearing by the board on charges preferred, of which
2068 reasonable notice shall have been given. He shall devote his entire time
2069 to the performance of such duties as are required of directors of health
2070 by the general statutes or the Public Health Code and as the board
2071 specifies in its written agreement with him; and shall act as secretary
2072 and treasurer of the board, without the right to vote. He shall give to
2073 the district a bond with a surety company authorized to transact
2074 business in the state, for the faithful performance of his duties as
2075 treasurer, in such sum and upon such conditions as the board requires.
2076 He shall be the executive officer of the district department of health.
2077 Full-time employees of a city, town or borough health department at
2078 the time such city, town or borough votes to form or join a district
2079 department of health shall become employees of such district
2080 department of health. Such employees may retain their rights and
2081 benefits in the pension system of the town, city or borough by which
2082 they were employed and shall continue to retain their active
2083 participating membership therein until retired. Such employees shall
2084 pay into such pension system the contributions required of them for
2085 their class and membership. Any additional employees to be hired by
2086 the district or any vacancies to be filled shall be filled in accordance
2087 with the rules and regulations of the merit system of the state of
2088 Connecticut and the employees who are employees of cities, towns or
2089 boroughs which have adopted a local civil service or merit system
2090 shall be included in their comparable grade with fully attained
2091 seniority in the state merit system. Such employees shall perform such
2092 duties as are prescribed by the director of health. In the event of the
2093 withdrawal of a town, city or borough from the district department, or
2094 in the event of a dissolution of any district department, the employees
2095 thereof, originally employed therein, shall automatically become
2096 employees of the appropriate town, city or borough's board of health.

2097 Sec. 47. (*Effective from passage*) Notwithstanding the provisions of
2098 section 20-206bb of the general statutes, not later than thirty days after
2099 the effective date of this section, the Department of Public Health shall
2100 issue an acupuncturist license to an applicant who presents to the
2101 department satisfactory evidence that the applicant (1) is currently
2102 licensed as an acupuncturist in good standing in another state of the
2103 United States and such license was issued prior to September 5, 1990;
2104 (2) is a diplomate of the National Board of Acupuncture Orthopedics;
2105 and (3) has passed the acupuncture comprehensive examination and
2106 the clean needle technique course examination portions of the National
2107 Certification Commission for Acupuncture and Oriental Medicine
2108 acupuncture examination.

2109 Sec. 48. Subsection (b) of section 19a-91 of the 2010 supplement to
2110 the general statutes is repealed and the following is substituted in lieu
2111 thereof (*Effective October 1, 2010*):

2112 (b) (1) No licensed embalmer or funeral director shall remove a
2113 dead human body from the place of death to another location for
2114 preparation until the body has been temporarily wrapped. If the body
2115 is to be transported by common carrier, the licensed embalmer or
2116 funeral director having charge of the body shall have the body washed
2117 or embalmed unless it is contrary to the religious beliefs or customs of
2118 the deceased person, as determined by the person who assumes
2119 custody of the body for purposes of burial, and then enclosed in a
2120 casket and outside box or, in lieu of such double container, by being
2121 wrapped.

2122 (2) Any deceased person who is to be entombed in a crypt or
2123 mausoleum shall be in a casket that is placed in a zinc-lined or [an
2124 acrylonitrile butadiene styrene (ABS) sheet] nationally-accepted
2125 composite plastic container or, if permitted by the cemetery where the
2126 disposition of the body is to be made, a nonoxidizing [metal or ABS
2127 plastic sheeting] nationally-accepted composite plastic tray.

2128 Sec. 49. Section 20-74s of the 2010 supplement to the general statutes

2129 is repealed and the following is substituted in lieu thereof (*Effective*
2130 *October 1, 2010*):

2131 (a) For purposes of this section and subdivision (18) of subsection (c)
2132 of section 19a-14, as amended by this act:

2133 (1) "Commissioner" means the Commissioner of Public Health;

2134 (2) "Licensed alcohol and drug counselor" means a person licensed
2135 under the provisions of this section;

2136 (3) "Certified alcohol and drug counselor" means a person certified
2137 under the provisions of this section;

2138 (4) "Practice of alcohol and drug counseling" means the professional
2139 application of methods that assist an individual or group to develop an
2140 understanding of alcohol and drug dependency problems, define
2141 goals, and plan action reflecting the individual's or group's interest,
2142 abilities and needs as affected by alcohol and drug dependency
2143 problems;

2144 (5) "Private practice of alcohol and drug counseling" means the
2145 independent practice of alcohol and drug counseling by a licensed or
2146 certified alcohol and drug counselor who is self-employed on a full-
2147 time or part-time basis and who is responsible for that independent
2148 practice;

2149 (6) "Self-help group" means a voluntary group of persons who offer
2150 peer support to each other in recovering from an addiction; and

2151 (7) "Supervision" means the regular on-site observation of the
2152 functions and activities of an alcohol and drug counselor in the
2153 performance of his or her duties and responsibilities to include a
2154 review of the records, reports, treatment plans or recommendations
2155 with respect to an individual or group.

2156 (b) Except as provided in subsections (s) to (x), inclusive, of this
2157 section, no person shall engage in the practice of alcohol and drug

2158 counseling unless licensed as a licensed alcohol and drug counselor
2159 pursuant to subsection (d) of this section or certified as a certified
2160 alcohol and drug counselor pursuant to subsection (e) of this section.

2161 (c) Except as provided in subsections (s) to (x), inclusive, of this
2162 section, no person shall engage in the private practice of alcohol and
2163 drug counseling unless (1) licensed as a licensed alcohol and drug
2164 counselor pursuant to subsection (d) of this section, or (2) certified as a
2165 certified alcohol and drug counselor pursuant to subsection (e) of this
2166 section and practicing under the supervision of a licensed alcohol and
2167 drug counselor.

2168 (d) To be eligible for licensure as a licensed alcohol and drug
2169 counselor, an applicant shall (1) have attained a master's degree from
2170 an accredited institution of higher education with a minimum of
2171 eighteen graduate semester hours in counseling or counseling-related
2172 subjects, except that applicants holding certified clinical supervisor
2173 status by the Connecticut Certification Board, Inc. as of October 1,
2174 1998, may substitute such certification in lieu of the master's degree
2175 requirement, and (2) be certified or have met all the requirements for
2176 certification as a certified alcohol and drug counselor.

2177 (e) To be eligible for certification by the Department of Public
2178 Health as a certified alcohol and drug counselor, an applicant shall
2179 have (1) completed three hundred hours of supervised practical
2180 training in alcohol and drug counseling that the commissioner deems
2181 acceptable; (2) completed three years of supervised paid work
2182 experience or unpaid internship that the commissioner deems
2183 acceptable that entailed working directly with alcohol and drug clients,
2184 except that a master's degree may be substituted for one year of such
2185 experience; (3) completed three hundred sixty hours of commissioner-
2186 approved education, at least two hundred forty hours of which relates
2187 to the knowledge and skill base associated with the practice of alcohol
2188 and drug counseling; and (4) successfully completed a department
2189 prescribed examination.

2190 (f) For individuals applying for certification as an alcohol and drug
2191 counselor by the Department of Public Health prior to October 1, 1998,
2192 current certification by the Department of Mental Health and
2193 Addiction Services may be substituted for the certification
2194 requirements of subsection (e) of this section.

2195 (g) The commissioner shall grant a license as an alcohol and drug
2196 counselor to any applicant who furnishes satisfactory evidence that he
2197 has met the requirements of [subsections] subsection (d) or (o) of this
2198 section. The commissioner shall develop and provide application
2199 forms. The application fee shall be one hundred ninety dollars.

2200 (h) A license as an alcohol and drug counselor shall be renewed in
2201 accordance with the provisions of section 19a-88 for a fee of one
2202 hundred ninety dollars.

2203 (i) The commissioner shall grant certification as a certified alcohol
2204 and drug counselor to any applicant who furnishes satisfactory
2205 evidence that he has met the requirements of [subsections] subsection
2206 (e) or (o) of this section. The commissioner shall develop and provide
2207 application forms. The application fee shall be one hundred ninety
2208 dollars.

2209 (j) A certificate as an alcohol and drug counselor may be renewed in
2210 accordance with the provisions of section 19a-88 for a fee of one
2211 hundred ninety dollars.

2212 (k) The commissioner may contract with a qualified private
2213 organization for services that include (1) providing verification that
2214 applicants for licensure or certification have met the education,
2215 training and work experience requirements under this section; and (2)
2216 any other services that the commissioner may deem necessary.

2217 (l) Any person who has attained a master's level degree and is
2218 certified by the Connecticut Certification Board as a substance abuse
2219 counselor on or before July 1, 2000, shall be deemed a licensed alcohol
2220 and drug counselor. Any person so deemed shall renew his license

2221 pursuant to section 19a-88 for a fee of one hundred ninety dollars.

2222 (m) Any person who has not attained a master's level degree and is
2223 certified by the Connecticut Certification Board as a substance abuse
2224 counselor on or before July 1, 2000, shall be deemed a certified alcohol
2225 and drug counselor. Any person so deemed shall renew his
2226 certification pursuant to section 19a-88 for a fee of one hundred ninety
2227 dollars.

2228 (n) Any person who is not certified by the Connecticut Certification
2229 Board as a substance abuse counselor on or before July 1, 2000, who (1)
2230 documents to the department that he has a minimum of five years full-
2231 time or eight years part-time paid work experience, under supervision,
2232 as an alcohol and drug counselor, and (2) successfully passes a
2233 commissioner-approved examination no later than July 1, 2000, shall
2234 be deemed a certified alcohol and drug counselor. Any person so
2235 deemed shall renew his certification pursuant to section 19a-88 for a
2236 fee of one hundred ninety dollars.

2237 (o) The commissioner may license or certify without examination
2238 any applicant who, at the time of application, is licensed or certified by
2239 a governmental agency or private organization located in another
2240 state, territory or jurisdiction whose standards, in the opinion of the
2241 commissioner, are substantially similar to, or higher than, those of this
2242 state.

2243 (p) No person shall assume, represent himself as, or use the title or
2244 designation "alcoholism counselor", "alcohol counselor", "alcohol and
2245 drug counselor", "alcoholism and drug counselor", "licensed clinical
2246 alcohol and drug counselor", "licensed alcohol and drug counselor",
2247 "licensed associate alcohol and drug counselor", "certified alcohol and
2248 drug counselor", "chemical dependency counselor", "chemical
2249 dependency supervisor" or any of the abbreviations for such titles,
2250 unless licensed or certified under subsections (g) to (n), inclusive, of
2251 this section and unless the title or designation corresponds to the
2252 license or certification held.

2253 (q) The commissioner shall adopt regulations, in accordance with
2254 chapter 54, to implement provisions of this section.

2255 (r) The commissioner may suspend, revoke or refuse to issue a
2256 license in circumstances that have endangered or are likely to
2257 endanger the health, welfare or safety of the public.

2258 (s) Nothing in this section shall be construed to apply to the
2259 activities and services of a rabbi, priest, minister, Christian Science
2260 practitioner or clergyman of any religious denomination or sect, when
2261 engaging in activities that are within the scope of the performance of
2262 the person's regular or specialized ministerial duties and for which no
2263 separate charge is made, or when these activities are performed, with
2264 or without charge, for or under the auspices or sponsorship,
2265 individually or in conjunction with others, of an established and
2266 legally cognizable church, denomination or sect, and when the person
2267 rendering services remains accountable to the established authority
2268 thereof.

2269 (t) Nothing in this section shall be construed to apply to the
2270 activities and services of a person licensed in this state to practice
2271 medicine and surgery, psychology, marital and family therapy, clinical
2272 social work, professional counseling, advanced practice registered
2273 nursing or registered nursing, when such person is acting within the
2274 scope of the person's license and doing work of a nature consistent
2275 with that person's license, provided the person does not hold himself
2276 or herself out to the public as possessing a license or certification
2277 issued pursuant to this section.

2278 (u) Nothing in this section shall be construed to apply to the
2279 activities and services of a student intern or trainee in alcohol and drug
2280 counseling who is pursuing a course of study in an accredited
2281 institution of higher education or training course, provided these
2282 activities are performed under supervision and constitute a part of an
2283 accredited course of study, and provided further the person is
2284 designated as an intern or trainee or other such title indicating the

2285 training status appropriate to his level of training.

2286 (v) Nothing in this section shall [be construed to apply to any
2287 alcohol and drug counselor or substance abuse counselor employed by
2288 the state, except that this section shall apply to alcohol and drug
2289 counselors employed by the Department of Correction pursuant to
2290 subsection (x) of this section] apply to individuals who are on October
2291 1, 2010, employed by a state agency as a rehabilitation counselor who
2292 is acting in the capacity of an alcohol and drug counselor.

2293 (w) Nothing in this section shall be construed to apply to the
2294 activities and services of paid alcohol and drug counselors who are
2295 working under supervision or uncompensated alcohol and drug abuse
2296 self-help groups, including, but not limited to, Alcoholics Anonymous
2297 and Narcotics Anonymous.

2298 (x) The provisions of this section shall apply to employees of the
2299 Department of Correction, other than trainees or student interns
2300 covered under subsection (u) of this section and persons completing
2301 supervised paid work experience in order to satisfy mandated clinical
2302 supervision requirements for certification under subsection (e) of this
2303 section, as follows: (1) Any person hired by the Department of
2304 Correction on or after October 1, 2002, for a position as a substance
2305 abuse counselor or supervisor of substance abuse counselors shall be a
2306 licensed or certified alcohol and drug counselor; (2) any person
2307 employed by the Department of Correction prior to October 1, 2002, as
2308 a substance abuse counselor or supervisor of substance abuse
2309 counselors shall become licensed or certified as an alcohol and drug
2310 counselor by October 1, 2007; and (3) any person employed by the
2311 Department of Correction on or after October 1, 2007, as a substance
2312 abuse counselor or supervisor of substance abuse counselors shall be a
2313 licensed or certified alcohol and drug counselor.

2314 Sec. 50. Section 20-195aa of the general statutes is repealed and the
2315 following is substituted in lieu thereof (*Effective October 1, 2010*):

2316 As used in sections 20-195aa to 20-195ee, inclusive, as amended by

2317 this act: "Professional counseling" means the application, by persons
2318 trained in counseling, of established principles of psycho-social
2319 development and behavioral science to the evaluation, assessment,
2320 analysis, diagnosis and treatment of emotional, behavioral or
2321 interpersonal dysfunction or difficulties that interfere with mental
2322 health and human development. "Professional counseling" includes,
2323 but is not limited to, individual, group, marriage and family
2324 counseling, functional assessments for persons adjusting to a
2325 disability, appraisal, crisis intervention and consultation with
2326 individuals or groups.

2327 Sec. 51. Section 17a-502 of the general statutes is repealed and the
2328 following is substituted in lieu thereof (*Effective from passage*):

2329 (a) Any person who a physician concludes has psychiatric
2330 disabilities and is dangerous to himself or others or gravely disabled,
2331 and is in need of immediate care and treatment in a hospital for
2332 psychiatric disabilities, may be confined in such a hospital, either
2333 public or private, under an emergency certificate as hereinafter
2334 provided for not more than fifteen days without order of any court,
2335 unless a written application for commitment of such person has been
2336 filed in a probate court prior to the expiration of the fifteen days, in
2337 which event such commitment is continued under the emergency
2338 certificate for an additional fifteen days or until the completion of
2339 probate proceedings, whichever occurs first. In no event shall such
2340 person be admitted to or detained at any hospital, either public or
2341 private, for more than fifteen days after the execution of the original
2342 emergency certificate, on the basis of a new emergency certificate
2343 executed at any time during the person's confinement pursuant to the
2344 original emergency certificate; and in no event shall more than one
2345 subsequent emergency certificate be issued within fifteen days of the
2346 execution of the original certificate. If at the expiration of the fifteen
2347 days a written application for commitment of such person has not been
2348 filed, such person shall be discharged from the hospital. At the time of
2349 delivery of such person to such hospital, there shall be left, with the
2350 person in charge thereof, a certificate, signed by a physician licensed to

2351 practice medicine or surgery in Connecticut and dated not more than
2352 three days prior to its delivery to the person in charge of the hospital.
2353 Such certificate shall state the date of personal examination of the
2354 person to be confined, which shall be not more than three days prior to
2355 the date of signature of the certificate, shall state the findings of the
2356 physician relative to the physical and mental condition of the person
2357 and the history of the case, if known, and shall state that it is the
2358 opinion of the physician that the person examined has psychiatric
2359 disabilities and is dangerous to himself or herself or others or gravely
2360 disabled and is in need of immediate care and treatment in a hospital
2361 for psychiatric disabilities. Such physician shall state on such certificate
2362 the reasons for his or her opinion.

2363 (b) Any person admitted and detained under this section shall be
2364 examined by a physician specializing in psychiatry not later than forty-
2365 eight hours after admission as provided in section 17a-545, except that
2366 any person admitted and detained under this section at a chronic
2367 disease hospital shall be so examined not later than thirty-six hours
2368 after admission. If such physician is of the opinion that the person does
2369 not meet the criteria for emergency detention and treatment, such
2370 person shall be immediately discharged. The physician shall enter the
2371 physician's findings in the patient's record.

2372 (c) Any person admitted and detained under this section shall be
2373 promptly informed by the admitting facility that such person has the
2374 right to consult an attorney, the right to a hearing under subsection (d)
2375 of this section, and that if such a hearing is requested or a probate
2376 application is filed, such person has the right to be represented by
2377 counsel, and that counsel will be provided at the state's expense if the
2378 person is unable to pay for such counsel. The reasonable compensation
2379 for counsel provided to persons unable to pay shall be established by,
2380 and paid from funds appropriated to, the Judicial Department,
2381 however, if funds have not been included in the budget of the Judicial
2382 Department for such purposes, such compensation shall be established
2383 by the Probate Court Administrator and paid from the Probate Court
2384 Administration Fund.

2385 (d) If any person detained under this section, or his or her
2386 representative, requests a hearing, in writing, such hearing shall be
2387 held within seventy-two hours of receipt of such request, excluding
2388 Saturdays, Sundays and holidays. At such hearing, the person shall
2389 have the right to be present, to cross-examine all witnesses testifying,
2390 and to be represented by counsel as provided in section 17a-498. The
2391 hearing may be requested at any time prior to the initiation of
2392 proceedings under section 17a-498. The hearing shall be held by the
2393 court of probate having jurisdiction for commitment as provided in
2394 section 17a-497, and the hospital shall immediately notify such court of
2395 any request for a hearing by a person detained under this section. At
2396 the conclusion of the hearing, if the court finds that there is probable
2397 cause to conclude that the person is subject to involuntary confinement
2398 under this section, considering the condition of the respondent at the
2399 time of the admission and at the time of the hearing, and the effects of
2400 medication, if any, and the advisability of continued treatment based
2401 on testimony from the hospital staff, the court shall order that such
2402 person's detention continue for the remaining time provided for
2403 emergency certificates or until the completion of probate proceedings
2404 under section 17a-498.

2405 (e) The person in charge of every private hospital for psychiatric
2406 disabilities in the state shall, on a quarterly basis, supply the
2407 Commissioner of Mental Health and Addiction Services, in writing
2408 with statistics that state for the preceding quarter, the number of
2409 admissions of type and the number of discharges for that facility. Said
2410 commissioner may adopt regulations to carry out the provisions of this
2411 subsection.

2412 (f) The superintendent or director of any hospital for psychiatric
2413 disabilities shall immediately discharge any patient admitted and
2414 detained under this section who is later found not to meet the
2415 standards for emergency detention and treatment.

2416 (g) Any person admitted and detained at any hospital for
2417 psychiatric disabilities under this section shall, upon admission to such

2418 hospital, furnish the name of his or her next of kin or close friend. The
2419 superintendent or director of such hospital shall notify such next of kin
2420 or close friend of the admission of such patient and the discharge of
2421 such patient, provided such patient consents, in writing, to such
2422 notification of his or her discharge.

2423 (h) No person, who a physician concludes has active suicidal or
2424 homicidal intent, may be admitted to or detained at a chronic disease
2425 hospital under an emergency certificate issued pursuant to this section,
2426 unless such chronic disease hospital is certified under Medicare as an
2427 acute care hospital with an inpatient prospective payment system
2428 excluded psychiatric unit.

2429 [(i) For purposes of this section, "hospital" includes a licensed
2430 chronic disease hospital with a separate psychiatric unit.]

2431 Sec. 52. Section 20-241 of the general statutes is repealed and the
2432 following is substituted in lieu thereof (*Effective October 1, 2010*):

2433 All barber shops and barber schools shall be inspected regarding
2434 their sanitary condition by the Department of Public Health whenever
2435 the department deems it necessary, and any authorized representative
2436 of the department shall have full power to enter and inspect any such
2437 shop or school during usual business hours. If any barber shop or
2438 barber school, upon such inspection, is found to be in an unsanitary
2439 condition, the commissioner or the commissioner's designee shall
2440 make written order that such shop or school be placed in a sanitary
2441 condition. All barber shops and barber schools shall post in a
2442 conspicuous place the license of any person who engages in the
2443 practice of barbering in such shop or school. A director of health for
2444 any town, city, borough or district department of health, authorized by
2445 the department to enter and inspect barber shops and barber schools,
2446 in accordance with the provisions of this section, may assess a civil
2447 penalty in accordance with the provisions of section 20-249 against any
2448 person owning a barber shop or barber school that fails to post the
2449 licenses of persons engaged in the practice of barbering as prescribed

2450 in this section.

2451 Sec. 53. Section 33-182aa of the 2010 supplement to the general
2452 statutes is repealed and the following is substituted in lieu thereof
2453 (*Effective October 1, 2010*):

2454 As used in this chapter:

2455 (1) "Certificate of incorporation" means a certificate of incorporation,
2456 as defined in section 33-1002, or any predecessor statute thereto;

2457 (2) "Hospital" means a nonstock corporation organized under
2458 chapter 602, or any predecessor statute thereto, or by special act and
2459 licensed as a hospital pursuant to chapter 368v;

2460 (3) "Health system" means a nonstock corporation organized under
2461 chapter 602, or any predecessor statute thereto, consisting of a parent
2462 corporation of one or more hospitals licensed pursuant to chapter
2463 368v, and affiliated through governance, membership or some other
2464 means; and

2465 (4) "Provider" means a physician licensed under chapter 370, a
2466 chiropractor licensed under chapter 372, an optometrist licensed under
2467 chapter 380 or a podiatrist licensed under chapter 375.

2468 Sec. 54. Subsection (b) of section 19a-178a of the 2010 supplement to
2469 the general statutes is repealed and the following is substituted in lieu
2470 thereof (*Effective July 1, 2010*):

2471 (b) The advisory board shall consist of [forty-one] members [,
2472 including] appointed in accordance with the provisions of this
2473 subsection and shall include the Commissioner of Public Health and
2474 the department's emergency medical services medical director, or their
2475 designees, and each of the regional medical service coordinators
2476 appointed pursuant to section 57 of this act. The Governor shall
2477 appoint the following members: One person from each of the regional
2478 emergency medical services councils; one person from the Connecticut
2479 Association of Directors of Health; three persons from the Connecticut

2480 College of Emergency Physicians; one person from the Connecticut
2481 Committee on Trauma of the American College of Surgeons; one
2482 person from the Connecticut Medical Advisory Committee; one person
2483 from the Emergency Department Nurses Association; one person from
2484 the Connecticut Association of Emergency Medical Services
2485 Instructors; one person from the Connecticut Hospital Association; two
2486 persons representing commercial ambulance providers; one person
2487 from the Connecticut Firefighters Association; one person from the
2488 Connecticut Fire Chiefs Association; one person from the Connecticut
2489 Chiefs of Police Association; one person from the Connecticut State
2490 Police; and one person from the Connecticut Commission on Fire
2491 Prevention and Control. An additional eighteen members shall be
2492 appointed as follows: Three by the president pro tempore of the
2493 Senate; three by the majority leader of the Senate; four by the minority
2494 leader of the Senate; three by the speaker of the House of
2495 Representatives; two by the majority leader of the House of
2496 Representatives and three by the minority leader of the House of
2497 Representatives. The appointees shall include a person with experience
2498 in municipal ambulance services; a person with experience in for-profit
2499 ambulance services; three persons with experience in volunteer
2500 ambulance services; a paramedic; an emergency medical technician; an
2501 advanced emergency medical technician; three consumers and four
2502 persons from state-wide organizations with interests in emergency
2503 medical services as well as any other areas of expertise that may be
2504 deemed necessary for the proper functioning of the advisory board.

2505 Sec. 55. Subsection (b) of section 19a-181b of the general statutes is
2506 repealed and the following is substituted in lieu thereof (*Effective July*
2507 *1, 2010*):

2508 (b) In developing the plan required by subsection (a) of this section,
2509 each municipality: (1) May consult with and obtain the assistance of its
2510 regional emergency medical services council established pursuant to
2511 section 19a-183, its regional emergency medical services coordinator
2512 appointed pursuant to section [19a-185] 57 of this act, its regional
2513 emergency medical services medical advisory committees and any

2514 sponsor hospital, as defined in regulations adopted pursuant to section
2515 19a-179, as amended by this act, located in the area identified in the
2516 plan; and (2) shall submit the plan to its regional emergency medical
2517 services council for the council's review and comment.

2518 Sec. 56. Section 19a-182 of the general statutes is repealed and the
2519 following is substituted in lieu thereof (*Effective July 1, 2010*):

2520 (a) The emergency medical services councils shall [be the] advise the
2521 commissioner on area-wide planning and [coordinating] coordination
2522 of agencies for emergency medical services for each region and shall
2523 provide continuous evaluation of emergency medical services for their
2524 respective geographic areas. A regional emergency medical services
2525 coordinator, in consultation with the commissioner, shall assist the
2526 emergency medical services council for the respective region in
2527 carrying out the duties prescribed in subsection (b) of this section. As
2528 directed by the commissioner, the regional emergency medical services
2529 coordinator for each region shall facilitate the work of each respective
2530 emergency medical services council including, but not limited to,
2531 representing the Department of Public Health at any Council of
2532 Regional Chairpersons meetings.

2533 (b) Each emergency medical services council shall develop and
2534 revise every five years a plan for the delivery of emergency medical
2535 services in its area, using a format established by the Office of
2536 Emergency Medical Services. Each council shall submit an annual
2537 update for each regional plan to the Office of Emergency Medical
2538 Services detailing accomplishments made toward plan
2539 implementation. Such plan shall include an evaluation of the current
2540 effectiveness of emergency medical services and detail the needs for
2541 the future, and shall contain specific goals for the delivery of
2542 emergency medical services within their respective geographic areas, a
2543 time frame for achievement of such goals, cost data for the
2544 development of such goals, and performance standards for the
2545 evaluation of such goals. Special emphasis in such plan shall be placed
2546 upon coordinating the existing services into a comprehensive system.

2547 Such plan shall contain provisions for, but shall not be limited to, the
2548 following: (1) Clearly defined geographic regions to be serviced by
2549 each provider including cooperative arrangements with other
2550 providers and backup services; (2) an adequate number of trained
2551 personnel for staffing of ambulances, communications facilities and
2552 hospital emergency rooms, with emphasis on former military
2553 personnel trained in allied health fields; (3) a communications system
2554 that includes a central dispatch center, two-way radio communication
2555 between the ambulance and the receiving hospital and a universal
2556 emergency telephone number; and (4) a public education program that
2557 stresses the need for adequate training in basic lifesaving techniques
2558 and cardiopulmonary resuscitation. Such plan shall be submitted to
2559 the Commissioner of Public Health no later than June thirtieth each
2560 year the plan is due.

2561 Sec. 57. (NEW) (*Effective July 1, 2010*) Any individual employed on
2562 June 30, 2010, as a regional emergency medical services coordinator or
2563 as an assistant regional emergency medical services coordinator shall
2564 be offered an unclassified durational position within the Department
2565 of Public Health for the period from July 1, 2010, to June 30, 2011,
2566 inclusive, provided no more than five unclassified durational positions
2567 shall be created. Within available appropriations, such unclassified
2568 durational positions may be extended beyond June 30, 2011. The
2569 Commissioner of Administrative Services shall establish job
2570 classifications and salaries for such positions in accordance with the
2571 provisions of section 4-40 of the general statutes. Any such created
2572 positions shall be exempt from collective bargaining requirements and
2573 no individual appointed to such position shall have reemployment or
2574 any other rights that may have been extended to unclassified
2575 employees under a State Employees' Bargaining Agent Coalition
2576 agreement. Individuals employed in such unclassified durational
2577 positions shall be located at the offices of the Department of Public
2578 Health. In no event shall an individual employed in an unclassified
2579 durational position pursuant to this section receive credit for any
2580 purpose for services performed prior to July 1, 2010.

2581 Sec. 58. (*Effective July 1, 2010*) For the fiscal year ending June 30,
2582 2011, any funds made available from the Tobacco and Health Trust
2583 Fund, created under section 4-28f of the general statutes, for regional
2584 emergency medical services councils shall be transferred to the
2585 Department of Public Health to carry out the provisions of section 57
2586 of this act.

2587 Sec. 59. Section 19a-4l of the general statutes is repealed and the
2588 following is substituted in lieu thereof (*Effective October 1, 2010*):

2589 There is established, within the Department of Public Health, an
2590 Office of Oral Public Health. The director of the Office of Oral Public
2591 Health shall be [an experienced public health dentist licensed] a dental
2592 health professional with a graduate degree in public health and hold a
2593 license to practice under chapter 379 or 379a and shall:

2594 (1) Coordinate and direct state activities with respect to state and
2595 national dental public health programs;

2596 (2) Serve as the department's chief advisor on matters involving oral
2597 health; and

2598 (3) Plan, implement and evaluate all oral health programs within
2599 the department.

2600 Sec. 60. Subsection (b) of section 19a-196b of the general statutes is
2601 repealed and the following is substituted in lieu thereof (*Effective*
2602 *October 1, 2010*):

2603 (b) Any licensed or certified ambulance may transport patients to
2604 the state's mobile field hospital when the hospital has been deployed
2605 by the Governor or the Governor's designee for the purposes specified
2606 in subsection [(m) of section 19a-490] (a) of section 19a-487, as
2607 amended by this act.

2608 Sec. 61. Subsection (b) of section 20-9 of the general statutes is
2609 repealed and the following is substituted in lieu thereof (*Effective from*
2610 *passage*):

- 2611 (b) The provisions of this chapter shall not apply to:
- 2612 (1) Dentists while practicing dentistry only;
- 2613 (2) Any person in the employ of the United States government while
2614 acting in the scope of his employment;
- 2615 (3) Any person who furnishes medical or surgical assistance in cases
2616 of sudden emergency;
- 2617 (4) Any person residing out of this state who is employed to come
2618 into this state to render temporary assistance to or consult with any
2619 physician or surgeon who has been licensed in conformity with the
2620 provisions of this chapter;
- 2621 (5) Any physician or surgeon residing out of this state who holds a
2622 current license in good standing in another state and who is employed
2623 to come into this state to treat, operate or prescribe for any injury,
2624 deformity, ailment or disease from which the person who employed
2625 such physician, or the person on behalf of whom such physician is
2626 employed, is suffering at the time when such nonresident physician or
2627 surgeon is so employed, provided such physician or surgeon may
2628 practice in this state without a Connecticut license for a period not to
2629 exceed thirty consecutive days;
- 2630 (6) Any person rendering service as (A) an advanced practice
2631 registered nurse if such service is rendered in collaboration with a
2632 licensed physician, or (B) an advanced practice registered nurse
2633 maintaining classification from the American Association of Nurse
2634 Anesthetists if such service is under the direction of a licensed
2635 physician;
- 2636 (7) Any nurse-midwife practicing nurse-midwifery in accordance
2637 with the provisions of chapter 377;
- 2638 (8) Any podiatrist licensed in accordance with the provisions of
2639 chapter 375;

2640 (9) Any Christian Science practitioner who does not use or prescribe
2641 in his practice any drugs, poisons, medicines, chemicals, nostrums or
2642 surgery;

2643 (10) Any person licensed to practice any of the healing arts named
2644 in section 20-1, who does not use or prescribe in his practice any drugs,
2645 medicines, poisons, chemicals, nostrums or surgery;

2646 (11) Any graduate of any school or institution giving instruction in
2647 the healing arts who has been issued a permit in accordance with
2648 subsection (a) of section 20-11a and who is serving as an intern,
2649 resident or medical officer candidate in a hospital;

2650 (12) Any student participating in a clinical clerkship program who
2651 has the qualifications specified in subsection (b) of section 20-11a;

2652 (13) Any person, otherwise qualified to practice medicine in this
2653 state except that he is a graduate of a medical school located outside of
2654 the United States or the Dominion of Canada which school is
2655 recognized by the American Medical Association or the World Health
2656 Organization, to whom the Connecticut Medical Examining Board,
2657 subject to such regulations as the Commissioner of Public Health, with
2658 advice and assistance from the board, prescribes, has issued a permit
2659 to serve as an intern or resident in a hospital in this state for the
2660 purpose of extending his education;

2661 (14) Any person rendering service as a physician assistant licensed
2662 pursuant to section 20-12b, a registered nurse, a licensed practical
2663 nurse or a paramedic, as defined in subdivision (15) of section 19a-175,
2664 acting within the scope of regulations adopted pursuant to section 19a-
2665 179, if such service is rendered under the supervision, control and
2666 responsibility of a licensed physician;

2667 (15) Any student enrolled in an accredited physician assistant
2668 program or paramedic program approved in accordance with
2669 regulations adopted pursuant to section 19a-179, who is performing
2670 such work as is incidental to his course of study;

2671 (16) Any person who, on June 1, 1993, has worked continuously in
2672 this state since 1979 performing diagnostic radiology services and who,
2673 as of October 31, 1997, continued to render such services under the
2674 supervision, control and responsibility of a licensed physician solely
2675 within the setting where such person was employed on June 1, 1993;

2676 (17) Any person practicing athletic training, as defined in section 20-
2677 65f;

2678 (18) When deemed by the Connecticut Medical Examining Board to
2679 be in the public's interest, based on such considerations as academic
2680 attainments, specialty board certification and years of experience, to a
2681 foreign physician or surgeon whose professional activities shall be
2682 confined within the confines of a recognized medical school;

2683 (19) Any technician engaging in tattooing in accordance with the
2684 provisions of section 19a-92a and any regulations adopted thereunder;
2685 [or]

2686 (20) Any person practicing perfusion, as defined in section 20-162aa;
2687 or

2688 (21) Any foreign physician or surgeon (A) participating in
2689 supervised clinical training under the direct supervision and control of
2690 a physician or surgeon licensed in accordance with the provisions of
2691 chapter 370, and (B) whose professional activities are confined to a
2692 licensed hospital that has a residency program accredited by the
2693 Accreditation Council for Graduate Medical Education or that is a
2694 primary affiliated teaching hospital of a medical school accredited by
2695 the Liaison Committee on Medical Education. Such hospital shall
2696 verify that the foreign physician or surgeon holds a current valid
2697 license in another country.

2698 Sec. 62. (*Effective from passage*) Notwithstanding the provisions of
2699 subsection (c) of section 20-27 of the general statutes, as amended by
2700 this act, not later than thirty days after the effective date of this section,
2701 the Department of Public Health may issue a license to a chiropractor

2702 who holds a current, inactive license in good standing that was
2703 initially issued by another state or territory prior to August 1, 1995, on
2704 the basis of passing a three-part clinical competency examination, a
2705 two-part x-ray examination and a jurisprudence examination that were
2706 administered by the licensing authority of such state or territory.

2707 Sec. 63. Section 19a-522a of the general statutes is repealed and the
2708 following is substituted in lieu thereof (*Effective July 1, 2010*):

2709 [The Department of Public Health shall adopt recommendations for
2710 minimum and maximum temperatures for areas within nursing homes
2711 and rest homes. Such recommendations may be based upon standards
2712 set by national public or private entities after research into appropriate
2713 temperature settings to ensure the health and safety of the residents of
2714 such homes. The department shall make such recommendations
2715 available to nursing homes and rest homes and to the public, and shall
2716 post such recommendations on the Department of Public Health's web
2717 site on the Internet.] A chronic and convalescent nursing home or a
2718 rest home with nursing supervision may maintain temperatures in
2719 resident rooms and other areas used by residents at such facilities at
2720 levels that are lower than minimum temperature standards prescribed
2721 in the Public Health Code provided temperature levels at such
2722 facilities comply with the comfortable and safe temperature standards
2723 prescribed under federal law pursuant to 42 CFR 483.15(h)(6). In
2724 accordance with section 19a-36, the Commissioner of Public Health
2725 shall amend the Public Health Code in conformity with the provisions
2726 of this section.

2727 Sec. 64. (*Effective from passage*) Notwithstanding the provisions of
2728 section 20-236 of the general statutes, as amended by this act, on or
2729 before October 1, 2011, an applicant for licensure as a barber who has
2730 completed a fifteen-hundred-hour course in a barber or hairdressing
2731 and cosmetology school, approved in accordance with the provisions
2732 of chapter 386 or 387 of the general statutes, may qualify for licensure
2733 as a barber upon passing the written examination required pursuant to
2734 subsection (a) of section 20-236 of the general statutes, as amended by

2735 this act.

2736 Sec. 65. (NEW) (*Effective July 1, 2010*) A chronic and convalescent
2737 nursing home or a rest home with nursing supervision shall preserve
2738 all patient medical records, irrespective of whether such records are in
2739 a printed or electronic format, for not less than seven years following
2740 the date of the patient's discharge from such facility or, in the case of a
2741 patient who dies at the facility, for not less than seven years following
2742 the date of death. A chronic and convalescent nursing home or rest
2743 home with nursing supervision may maintain all or any portion of a
2744 patient's medical record in an electronic format that complies with
2745 accepted professional standards for such medical records. In
2746 accordance with section 19a-36 of the general statutes, the
2747 Commissioner of Public Health shall amend the Public Health Code in
2748 conformity with the provisions of this section.

2749 Sec. 66. Subsection (c) of section 20-128a of the general statutes is
2750 repealed and the following is substituted in lieu thereof (*Effective*
2751 *October 1, 2010*):

2752 (c) The Commissioner of Public Health, with advice and assistance
2753 from the board, may make and enforce such regulations as the
2754 commissioner deems necessary to maintain proper professional and
2755 ethical standards for optometrists. The commissioner shall adopt
2756 regulations, in accordance with chapter 54, requiring each optometrist
2757 licensed pursuant to this chapter to complete a minimum of twenty
2758 hours of continuing education during each registration period, defined
2759 as the twelve-month period for which a license has been renewed
2760 pursuant to section 19a-88 and is current and valid. The board shall
2761 approve all continuing education courses. The board may revoke or
2762 suspend licenses for cause.

2763 Sec. 67. Section 20-195c of the 2010 supplement to the general
2764 statutes is repealed and the following is substituted in lieu thereof
2765 (*Effective October 1, 2010*):

2766 (a) Each applicant for licensure as a marital and family therapist

2767 shall present to the department satisfactory evidence that such
2768 applicant has: (1) Completed a graduate degree program specializing
2769 in marital and family therapy from a regionally accredited college or
2770 university or an accredited postgraduate clinical training program
2771 approved by the Commission on Accreditation for Marriage and
2772 Family Therapy Education and recognized by the United States
2773 Department of Education; (2) completed a supervised practicum or
2774 internship with emphasis in marital and family therapy supervised by
2775 the program granting the requisite degree or by an accredited
2776 postgraduate clinical training program, approved by the Commission
2777 on Accreditation for Marriage and Family Therapy Education
2778 recognized by the United States Department of Education in which the
2779 student received a minimum of five hundred direct clinical hours that
2780 included one hundred hours of clinical supervision; (3) completed a
2781 minimum of twelve months of relevant postgraduate experience,
2782 including at least (A) one thousand hours of direct client contact
2783 offering marital and family therapy services subsequent to being
2784 awarded a master's degree or doctorate or subsequent to the training
2785 year specified in subdivision (2) of this subsection, and (B) one
2786 hundred hours of postgraduate clinical supervision provided by a
2787 licensed marital and family therapist; and (4) passed an examination
2788 prescribed by the department. The fee shall be three hundred fifteen
2789 dollars for each initial application.

2790 (b) The department may grant licensure without examination,
2791 subject to payment of fees with respect to the initial application, to any
2792 applicant who is currently licensed or certified [in another state] as a
2793 marital or marriage and family therapist [on the basis of] in another
2794 state, territory or commonwealth of the United States, provided such
2795 state, territory or commonwealth maintains licensure or certification
2796 standards which, in the opinion of the department, are [substantially
2797 similar] equivalent to or higher than [those] the standards of this state.
2798 No license shall be issued under this section to any applicant against
2799 whom professional disciplinary action is pending or who is the subject
2800 of an unresolved complaint.

2801 (c) Licenses issued under this section may be renewed annually in
2802 accordance with the provisions of section 19a-88. The fee for such
2803 renewal shall be three hundred fifteen dollars. Each licensed marital
2804 and family therapist applying for license renewal shall furnish
2805 evidence satisfactory to the commissioner of having participated in
2806 continuing education programs. The commissioner shall adopt
2807 regulations, in accordance with chapter 54, to (1) define basic
2808 requirements for continuing education programs, (2) delineate
2809 qualifying programs, (3) establish a system of control and reporting,
2810 and (4) provide for waiver of the continuing education requirement for
2811 good cause.

2812 (d) Notwithstanding the provisions of this section, an applicant who
2813 is currently licensed or certified as a marital or marriage and family
2814 therapist in another state, territory or commonwealth of the United
2815 States that does not maintain standards for licensure or certification
2816 that are equivalent to or higher than the standards in this state may
2817 substitute five years of licensed or certified work experience in the
2818 practice of marital and family therapy, as defined in section 20-195a, in
2819 lieu of the requirements of subdivisions (2) and (3) of subsection (a) of
2820 this section.

2821 Sec. 68. Subsection (a) of section 20-97 of the 2010 supplement to the
2822 general statutes is repealed and the following is substituted in lieu
2823 thereof (*Effective October 1, 2010*):

2824 (a) Any person who is licensed at the time of application as a
2825 licensed practical nurse, or as a person entitled to perform similar
2826 services under a different designation, in another state of the United
2827 States, the District of Columbia or a commonwealth or territory subject
2828 to the laws of the United States whose requirements for licensure in
2829 such capacity are [substantially similar] equivalent to or higher than
2830 those of this state, shall be eligible for licensure in this state and
2831 entitled to a license without examination upon payment of a fee of one
2832 hundred fifty dollars. If such other state, district, commonwealth or
2833 territory issues licenses based on completion of a practical nursing

2834 education program that is shorter in length than the minimum length
2835 for this state's practical nursing education programs or based on
2836 partial completion of a registered nursing education program, an
2837 applicant for licensure under this section may substitute licensed
2838 clinical work experience that: (1) Is performed under the supervision of
2839 a licensed registered nurse; (2) occurs following the completion of a
2840 nursing education program; and (3) when combined with the
2841 applicant's educational program, equals or exceeds the minimum
2842 program length for licensed practical nursing education programs
2843 approved in this state. No license shall be issued under this section to
2844 any applicant against whom professional disciplinary action is
2845 pending or who is the subject of an unresolved complaint. The
2846 department shall inform the board annually of the number of
2847 applications it receives for licenses under this section.

2848 Sec. 69. (*Effective from passage*) Any person who, on or before
2849 December 31, 2010, successfully completes (1) a minimum of fifteen
2850 hundred hours of education and training in a Connecticut Board of
2851 Examiners for Nursing approved registered nursing education
2852 program; and (2) the licensure examination as prescribed in section 20-
2853 96 of the general statutes shall be eligible for licensure as a practical
2854 nurse.

2855 Sec. 70. (*Effective from passage*) Notwithstanding the provisions of
2856 sections 19a-14 and 19a-88 of the general statutes, as amended by this
2857 act, on or before December 31, 2010, any person previously licensed to
2858 practice as a registered nurse or practical nurse under chapter 378 of
2859 the general statutes whose license became void pursuant to section
2860 19a-88 of the general statutes solely on account of the failure to pay the
2861 supplemental annual professional services fee for 2007, may apply to
2862 the Commissioner of Public Health for reinstatement of such license,
2863 and the commissioner shall reinstate such license without imposing
2864 any requirements or conditions on such person other than the filing of
2865 such application and the payment of the current fee.

2866 Sec. 71. (NEW) (*Effective July 1, 2010*) A nursing home administrator

2867 of a chronic and convalescent nursing home or a rest home with
2868 nursing supervision shall ensure that all facility staff receive annual in-
2869 service training in an area specific to the needs of the patient
2870 population at such facilities. A nursing home administrator shall
2871 ensure that any person conducting the in-service training is familiar
2872 with needs of the patient population at the facility, provided such
2873 training need not be conducted by a qualified social worker or
2874 qualified social worker consultant. In accordance with section 19a-36 of
2875 the general statutes, the Commissioner of Public Health shall amend
2876 the Public Health Code in conformity with the provisions of this
2877 section.

2878 Sec. 72. Subsection (a) of section 21a-70 of the 2010 supplement to
2879 the general statutes is repealed and the following is substituted in lieu
2880 thereof (*Effective October 1, 2010*):

2881 (a) As used in this section: (1) "Wholesaler" or "distributor" means a
2882 person, whether within or without the boundaries of the state of
2883 Connecticut, who supplies drugs, medical devices or cosmetics
2884 prepared, produced or packaged by manufacturers, to other
2885 wholesalers, manufacturers, distributors, hospitals, prescribing
2886 practitioners, as defined in subdivision (22) of section 20-571,
2887 pharmacies, federal, state or municipal agencies, clinics or any other
2888 person as permitted under subsection (h) of this section, except that:
2889 [a] (A) A retail pharmacy or a pharmacy within a licensed hospital
2890 which supplies to another such pharmacy a quantity of a
2891 noncontrolled drug or a schedule II, III, IV or V controlled substance
2892 normally stocked by such pharmacies to provide for the immediate
2893 needs of a patient pursuant to a prescription or medication order of an
2894 authorized practitioner, (B) a pharmacy within a licensed hospital
2895 which supplies drugs to another hospital or an authorized practitioner
2896 for research purposes, [and] (C) a retail pharmacy which supplies a
2897 limited quantity of a noncontrolled drug or of a schedule II, III, IV or V
2898 controlled substance for emergency stock to a practitioner who is a
2899 medical director of a chronic and convalescent nursing home, of a rest
2900 home with nursing supervision or of a state correctional institution,

2901 and (D) a pharmacy within a licensed hospital that contains another
2902 hospital wholly within its physical structure which supplies to such
2903 contained hospital a quantity of a noncontrolled drug or a schedule II,
2904 III, IV, or V controlled substance normally stocked by such hospitals to
2905 provide for the needs of a patient, pursuant to a prescription or
2906 medication order of an authorized practitioner, receiving inpatient care
2907 on a unit that is operated by the contained hospital shall not be
2908 deemed a wholesaler under this section; (2) "manufacturer" means a
2909 person whether within or without the boundaries of the state of
2910 Connecticut who produces, prepares, cultivates, grows, propagates,
2911 compounds, converts or processes, directly or indirectly, by extraction
2912 from substances of natural origin or by means of chemical synthesis or
2913 by a combination of extraction and chemical synthesis, or who
2914 packages, repackages, labels or relabels a container under such
2915 manufacturer's own or any other trademark or label any drug, device
2916 or cosmetic for the purpose of selling such items. The words "drugs",
2917 "devices" and "cosmetics" shall have the meaning ascribed to them in
2918 section 21a-92; and (3) "commissioner" means the Commissioner of
2919 Consumer Protection.

2920 Sec. 73. (NEW) (*Effective October 1, 2010*) (a) As used in this section:

2921 (1) "Circulating nurse" means a registered nurse licensed under
2922 chapter 378 of the general statutes, who is educated, trained or
2923 experienced in perioperative nursing and who is responsible for
2924 coordinating the nursing care and safety needs of a patient in an
2925 operating room;

2926 (2) "Outpatient surgical facility" has the same meaning as provided
2927 in subsection (a) of section 19a-493b of the general statutes; and

2928 (3) "Perioperative nursing" means nursing services that are
2929 provided to patients during the preoperative, intraoperative and
2930 immediate postoperative periods of a surgical procedure.

2931 (b) Any hospital or outpatient surgical facility shall ensure that a
2932 circulating nurse is assigned to, and present for the duration of, each

2933 surgical procedure performed in an operating room of such hospital or
2934 outpatient surgical facility. While assigned to a surgical procedure, no
2935 hospital or outpatient surgical facility shall assign a circulating nurse
2936 to another procedure that is scheduled to occur concurrently or that
2937 may overlap in time with the originally assigned surgical procedure. A
2938 circulating nurse assigned to a surgical procedure shall be present for
2939 the duration of the procedure unless it becomes necessary for the nurse
2940 to leave the operating room as part of the procedure or the nurse is
2941 relieved by another circulating nurse.

2942 Sec. 74. Section 19a-26 of the general statutes is repealed and the
2943 following is substituted in lieu thereof (*Effective from passage*):

2944 (a) The Department of Public Health may establish, maintain and
2945 control state laboratories to perform examinations of supposed morbid
2946 tissues, other laboratory tests for the diagnosis and control of
2947 preventable diseases, and laboratory work in the field of sanitation,
2948 environmental and occupational testing and research studies for the
2949 protection and preservation of the public health. Such laboratory
2950 services shall be performed upon the application of licensed
2951 physicians, other laboratories, licensed dentists, licensed podiatrists,
2952 local directors of health, public utilities or state departments or
2953 institutions, subject to regulations prescribed by the Commissioner of
2954 Public Health, and upon payment of any applicable fee as provided in
2955 this [section] subsection. For such purposes the department may
2956 provide necessary buildings and apparatus, employ, subject to the
2957 provisions of chapter 67, administrative and scientific personnel and
2958 assistants and do all things necessary for the conduct of such
2959 laboratories. The Commissioner of Public Health may establish a
2960 schedule of fees, provided the commissioner waives the fees for local
2961 directors of health and local law enforcement agencies. If the
2962 commissioner establishes a schedule of fees, the commissioner may
2963 waive (1) the fees, in full or in part, for others if the commissioner
2964 determines that the public health requires a waiver, and (2) fees for
2965 chlamydia and gonorrhea testing for nonprofit organizations and
2966 institutions of higher education if the organization or institution

2967 provides combination chlamydia and gonorrhea test kits. The
2968 commissioner shall also establish a fair handling fee which a client of a
2969 state laboratory may charge a person or third party payer for
2970 arranging for the services of the laboratory. Such client shall not charge
2971 an amount in excess of such handling fee.

2972 (b) The Department of Public Health shall ensure that the new state
2973 public health laboratory, to be constructed in the town of Rocky Hill,
2974 and authorized in accordance with the provisions of subsection (e) of
2975 section 2 of special act 01-2 of the June special session, subsection (g) of
2976 section 2 of special act 04-2 of the May special session and subsection
2977 (o) of section 2 of public act 07-7 of the June special session is
2978 constructed and thereafter operates in accordance with all applicable
2979 biosafety level criteria as prescribed by the National Centers for
2980 Disease Control and Prevention Office of Health and Safety. The
2981 construction of such laboratory shall facilitate the operation and
2982 administration of a laboratory that conforms with biosafety level 3
2983 criteria as prescribed by the National Centers for Disease Control and
2984 Prevention Office of Health and Safety. The design or construction of
2985 such laboratory shall not permit biosafety level 4 activities to be
2986 conducted at such laboratory. No activity shall be conducted at the
2987 new state public health laboratory that exceeds biosafety level 3, nor
2988 shall any person, entity or state agency make application or seek
2989 permission to convert the public health laboratory into a facility that
2990 engages in biosafety level 4 activities.

2991 Sec. 75. Subsection (b) of section 19a-77 of the 2010 supplement to
2992 the general statutes is repealed and the following is substituted in lieu
2993 thereof (*Effective from passage*):

2994 (b) For licensing requirement purposes, child day care services shall
2995 not include such services which are:

2996 (1) (A) Administered by a public school system, or (B) administered
2997 by a municipal agency or department and located in a public school
2998 building;

2999 (2) Administered by a private school which is in compliance with
3000 section 10-188 and is approved by the State Board of Education or is
3001 accredited by an accrediting agency recognized by the State Board of
3002 Education;

3003 (3) Classes in music, dance, drama and art that are no longer than
3004 two hours in length; classes that teach a single skill that are no longer
3005 than two hours in length; library programs that are no longer than two
3006 hours in length; scouting; programs that offer exclusively sports
3007 activities; rehearsals; academic tutoring programs; or programs
3008 exclusively for children thirteen years of age or older;

3009 (4) Informal arrangements among neighbors or relatives in their
3010 own homes, provided the relative is limited to any of the following
3011 degrees of kinship by blood or marriage to the child being cared for or
3012 to the child's parent: Child, grandchild, sibling, niece, nephew, aunt,
3013 uncle or child of one's aunt or uncle;

3014 (5) Drop-in supplementary child care operations for educational or
3015 recreational purposes and the child receives such care infrequently
3016 where the parents are on the premises;

3017 (6) Drop-in supplementary child care operations in retail
3018 establishments where the parents are on the premises for retail
3019 shopping, in accordance with section 19a-77a, provided that the drop-
3020 in supplementary child-care operation does not charge a fee and does
3021 not refer to itself as a child day care center;

3022 (7) Drop-in programs administered by a nationally chartered boys'
3023 and girls' club;

3024 (8) Religious educational activities administered by a religious
3025 institution exclusively for children whose parents or legal guardians
3026 are members of such religious institution; [or]

3027 (9) Administered by Solar Youth, Inc., a New Haven-based
3028 nonprofit youth development and environmental education

3029 organization, provided Solar Youth, Inc. informs the parents and legal
3030 guardians of any children enrolled in its programs that such programs
3031 are not licensed by the Department of Public Health to provide child
3032 day care services; or

3033 (10) Programs administered by organizations under contract with
3034 the Department of Social Services pursuant to section 17b-851a that
3035 promote the reduction of teenage pregnancy through the provision of
3036 services to persons who are ten to nineteen years of age, inclusive.

3037 Sec. 76. Section 20-254 of the 2010 supplement to the general statutes
3038 is repealed and the following is substituted in lieu thereof (*Effective*
3039 *October 1, 2010*):

3040 Any person who holds a license at the time of application as a
3041 registered hairdresser and cosmetician, or as a person entitled to
3042 perform similar services under different designations in any other
3043 state, in the District of Columbia, or in a commonwealth or territory of
3044 the United States, and who [(1) has completed not less than fifteen
3045 hundred hours of formal education and training in hairdressing and
3046 cosmetology, and (2)] was issued such license on the basis of successful
3047 completion of a program of education and training in hairdressing and
3048 cosmetology and an examination shall be eligible for licensing in this
3049 state and entitled to a license without examination upon payment of a
3050 fee of fifty dollars. [Applicants who trained in another state, district,
3051 commonwealth or territory which required less than fifteen hundred
3052 hours of formal education and training may substitute no more than
3053 five hundred hours of licensed work experience in such other state,
3054 district, commonwealth or territory toward meeting the training
3055 requirement.] No license shall be issued under this section to any
3056 applicant against whom professional disciplinary action is pending or
3057 who is the subject of an unresolved complaint. [The department shall
3058 inform the board annually of the number of applications it receives for
3059 licensure without examination under this section.]

3060 Sec. 77. (NEW) (*Effective July 1, 2010*) A chronic and convalescent

3061 nursing home or a rest home with nursing supervision may extend the
3062 maximum time span between the patient's evening meal and breakfast
3063 from fourteen hours to sixteen hours provided such extension of the
3064 time span meets the requirements of 42 CFR 483.35(f)(4). A chronic and
3065 convalescent nursing home or a rest home with nursing supervision,
3066 when providing bed time nourishment to patients as required by the
3067 Public Health Code, shall verbally offer such nourishment to patients
3068 and shall not be required to serve such nourishment to patients who
3069 decline such nourishment. In accordance with section 19a-36 of the
3070 general statutes, the Commissioner of Public Health shall amend the
3071 Public Health Code in conformity with the provisions of this section.

3072 Sec. 78. (NEW) (*Effective July 1, 2010*) A chronic and convalescent
3073 nursing home or a rest home with nursing supervision may provide
3074 one stretcher per floor irrespective of whether such floor contains
3075 multiple nursing units. In accordance with section 19a-36 of the
3076 general statutes, the Commissioner of Public Health shall amend the
3077 Public Health Code in conformity with the provisions of this section.

3078 Sec. 79. Section 19a-7f of the general statutes is repealed and the
3079 following is substituted in lieu thereof (*Effective from passage*):

3080 The Commissioner of Public Health shall determine the standard of
3081 care for immunization for the children of this state. The standard of
3082 care for immunization shall be based on the recommended [schedule]
3083 schedules for active immunization for normal infants and children
3084 published by the [committee on infectious diseases of the American
3085 Academy of Pediatrics or the schedule published by the National
3086 Immunization Practices] National Centers for Disease Control and
3087 Prevention Advisory Committee, as determined by the Commissioner
3088 of Public Health on Immunization Practices, the American Academy of
3089 Pediatrics and the American Academy of Family Physicians. The
3090 commissioner shall establish, within available appropriations, an
3091 immunization program which shall: (1) Provide vaccine at no cost to
3092 health care providers in Connecticut to administer to children so that
3093 cost of vaccine will not be a barrier to age-appropriate vaccination in

3094 this state; (2) with the assistance of hospital maternity programs,
3095 provide all parents in this state with the recommended immunization
3096 schedule for normal infants and children, a booklet to record
3097 immunizations at the time of the infant's discharge from the hospital
3098 nursery and a list of sites where immunization may be provided; (3)
3099 inform in a timely manner all health care providers of changes in the
3100 recommended immunization schedule; (4) assist hospitals, local health
3101 providers and local health departments to develop and implement
3102 record-keeping and outreach programs to identify and immunize
3103 those children who have fallen behind the recommended
3104 immunization schedule or who lack access to regular preventative
3105 health care and have the authority to gather such data as may be
3106 needed to evaluate such efforts; (5) assist in the development of a
3107 program to assess the vaccination status of children who are clients of
3108 state and federal programs serving the health and welfare of children
3109 and make provision for vaccination of those who are behind the
3110 recommended immunization schedule; (6) access available state and
3111 federal funds including, but not limited to, any funds available
3112 through the federal Childhood Immunization Reauthorization or any
3113 funds available through the Medicaid program; (7) solicit, receive and
3114 expend funds from any public or private source; and (8) develop and
3115 make available to parents and health care providers public health
3116 educational materials about the benefits of timely immunization.

3117 Sec. 80. (NEW) (*Effective October 1, 2010*) A hospital, as defined in
3118 section 19a-490b of the general statutes, may designate any licensed
3119 health care provider and any certified ultrasound or nuclear medicine
3120 technician to perform the following oxygen-related patient care
3121 activities in a hospital: (1) Connecting or disconnecting oxygen supply;
3122 (2) transporting a portable oxygen source; (3) connecting,
3123 disconnecting or adjusting the mask, tubes and other patient oxygen
3124 delivery apparatus; and (4) adjusting the rate or flow of oxygen
3125 consistent with a medical order. Such provider or technician may
3126 perform such activities only to the extent permitted by hospital policies
3127 and procedures, including bylaws, rules and regulations applicable to

3128 the medical staff. A hospital shall document that each person
3129 designated to perform oxygen-related patient care activities has been
3130 properly trained, either through such person's professional education
3131 or through training provided by the hospital. In addition, a hospital
3132 shall require that such person satisfy annual competency testing. The
3133 provisions of this section shall not apply to any type of ventilator,
3134 continuous positive airway pressure or bi-level positive airway
3135 pressure units or any other noninvasive positive pressure ventilation.

3136 Sec. 81. Subsection (b) of section 12-743 of the general statutes is
3137 repealed and the following is substituted in lieu thereof (*Effective July*
3138 *1, 2010*):

3139 (b) The Commissioner of Revenue Services shall revise the tax
3140 return form to implement the provisions of subsection (a) of this
3141 section which form shall include spaces on the return in which
3142 taxpayers may indicate their intention to make a contribution, in a
3143 whole dollar amount, in accordance with this section. The
3144 commissioner shall include in the instructions accompanying the tax
3145 return a description of the purposes for which the organ transplant
3146 account, the AIDS research education account, the endangered species,
3147 natural area preserves and watchable wildlife account, the breast
3148 cancer research and education account and the safety net account were
3149 created. For purposes of facilitating the registration of a taxpayer as an
3150 organ donor, the commissioner shall include information in the
3151 instructions accompanying the tax return that (1) indicates the manner
3152 by which a taxpayer may contact an organ donor registry organization,
3153 or (2) provides electronic links to appropriate organ donor registry
3154 organizations for such purpose.

3155 Sec. 82. (NEW) (*Effective from passage*) (a) There is hereby created as a
3156 body politic and corporate, constituting a public instrumentality and
3157 political subdivision of the state created for the performance of an
3158 essential public and governmental function, the Health Information
3159 Technology Exchange of Connecticut, which is empowered to carry
3160 out the purposes of the authority, as defined in subsection (b) of this

3161 section, which are hereby determined to be public purposes for which
3162 public funds may be expended. The Health Information Technology
3163 Exchange of Connecticut shall not be construed to be a department,
3164 institution or agency of the state.

3165 (b) For purposes of this section, sections 83 to 85, inclusive, of this
3166 act and section 19a-25g of the general statutes, as amended by this act,
3167 "authority" means the Health Information Technology Exchange of
3168 Connecticut and "purposes of the authority" means the purposes of the
3169 authority expressed in and pursuant to this section, including the
3170 promoting, planning and designing, developing, assisting, acquiring,
3171 constructing, maintaining and equipping, reconstructing and
3172 improving of health care information technology. The powers
3173 enumerated in this section shall be interpreted broadly to effectuate
3174 the purposes of the authority and shall not be construed as a limitation
3175 of powers. The authority shall have the power to:

3176 (1) Establish an office in the state;

3177 (2) Employ such assistants, agents and other employees as may be
3178 necessary or desirable, which employees shall be exempt from the
3179 classified service and shall not be employees, as defined in subsection
3180 (b) of section 5-270 of the general statutes;

3181 (3) Establish all necessary or appropriate personnel practices and
3182 policies, including those relating to hiring, promotion, compensation,
3183 retirement and collective bargaining, which need not be in accordance
3184 with chapter 68 of the general statutes, and the authority shall not be
3185 an employer, as defined in subsection (a) of section 5-270 of the general
3186 statutes;

3187 (4) Engage consultants, attorneys and other experts as may be
3188 necessary or desirable to carry out the purposes of the authority;

3189 (5) Acquire, lease, purchase, own, manage, hold and dispose of
3190 personal property, and lease, convey or deal in or enter into
3191 agreements with respect to such property on any terms necessary or

3192 incidental to the carrying out of these purposes;

3193 (6) Procure insurance against loss in connection with its property
3194 and other assets in such amounts and from such insurers as it deems
3195 desirable;

3196 (7) Make and enter into any contract or agreement necessary or
3197 incidental to the performance of its duties and execution of its powers.
3198 The contracts entered into by the authority shall not be subject to the
3199 approval of any other state department, office or agency. However,
3200 copies of all contracts of the authority shall be maintained by the
3201 authority as public records, subject to the proprietary rights of any
3202 party to the contract;

3203 (8) To the extent permitted under its contract with other persons,
3204 consent to any termination, modification, forgiveness or other change
3205 of any term of any contractual right, payment, royalty, contract or
3206 agreement of any kind to which the authority is a party;

3207 (9) Receive and accept, from any source, aid or contributions,
3208 including money, property, labor and other things of value;

3209 (10) Invest any funds not needed for immediate use or disbursement
3210 in obligations issued or guaranteed by the United States of America or
3211 the state and in obligations that are legal investments for savings banks
3212 in this state;

3213 (11) Account for and audit funds of the authority and funds of any
3214 recipients of funds from the authority;

3215 (12) Sue and be sued, plead and be impleaded, adopt a seal and alter
3216 the same at pleasure;

3217 (13) Adopt regular procedures for exercising the power of the
3218 authority not in conflict with other provisions of the general statutes;
3219 and

3220 (14) Do all acts and things necessary and convenient to carry out the

3221 purposes of the authority.

3222 (c) (1) The Health Information Technology Exchange of Connecticut
3223 shall be managed by a board of directors. The board shall consist of the
3224 following members: The Lieutenant Governor, or his or her designee;
3225 the Commissioners of Public Health, Social Services and Consumer
3226 Protection, or their designees; the Chief Information Officer of the
3227 Department of Information Technology, or his or her designee; three
3228 appointed by the Governor, one of whom shall be a representative of a
3229 medical research organization, one of whom shall be an insurer or
3230 representative of a health plan and one of whom shall be an attorney
3231 with background and experience in the field of privacy, health data
3232 security or patient rights; three appointed by the president pro
3233 tempore of the Senate, one of whom shall have background and
3234 experience with a private sector health information exchange or health
3235 information technology entity, one of whom shall have expertise in
3236 public health and one of whom shall be a physician licensed under
3237 chapter 370 of the general statutes who works in a practice of not more
3238 than ten physicians and who is not employed by a hospital, health
3239 network, health plan, health system, academic institution or university;
3240 three appointed by the speaker of the House of Representatives, one of
3241 whom shall be a representative of hospitals, an integrated delivery
3242 network or a hospital association, one of whom shall have
3243 expertise with federally qualified health centers and one of whom shall
3244 be a consumer or consumer advocate; one appointed by the majority
3245 leader of the Senate, who shall be a primary care physician whose
3246 practice utilizes electronic health records; one appointed by the
3247 majority leader of the House of Representatives, who shall be a
3248 consumer or consumer advocate; one appointed by the minority leader
3249 of the Senate, who shall be a pharmacist or a health care provider
3250 utilizing electronic health information exchange; and one appointed by
3251 the minority leader of the House of Representatives, who shall be a
3252 large employer or a representative of a business group. The Secretary
3253 of the Office of Policy and Management and the Healthcare Advocate,
3254 or their designees, shall be ex-officio, nonvoting members of the board.

3255 The Commissioner of Public Health, or his or her designee, shall serve
3256 as the chairperson of the board.

3257 (2) All initial appointments to the board shall be made on or before
3258 October 1, 2010. The initial term for the board members appointed by
3259 the Governor shall be for four years. The initial term for board
3260 members appointed by the speaker of the House of Representatives
3261 and the majority leader of the House of Representatives shall be for
3262 three years. The initial term for board members appointed by the
3263 minority leader of the House of Representatives and the minority
3264 leader of the Senate shall be for two years. The initial term for the
3265 board members appointed by the president pro tempore of the Senate
3266 and the majority leader of the Senate shall be for one year. Terms shall
3267 expire on September thirtieth of each year in accordance with the
3268 provisions of this subsection. Any vacancy shall be filled by the
3269 appointing authority for the balance of the unexpired term. Other than
3270 an initial term, a board member shall serve for a term of four years. No
3271 board member, including initial board members, may serve for more
3272 than two terms. Any member of the board may be removed by the
3273 appropriate appointing authority for misfeasance, malfeasance or
3274 wilful neglect of duty.

3275 (3) The chairperson shall schedule the first meeting of the board,
3276 which shall be held not later than November 1, 2010.

3277 (4) Any member appointed to the board who fails to attend three
3278 consecutive meetings or who fails to attend fifty per cent of all
3279 meetings held during any calendar year shall be deemed to have
3280 resigned from the board.

3281 (5) Notwithstanding any provision of the general statutes, it shall
3282 not constitute a conflict of interest for a trustee, director, partner,
3283 officer, stockholder, proprietor, counsel or employee of any person,
3284 firm or corporation to serve as a board member, provided such trustee,
3285 director, partner, officer, stockholder, proprietor, counsel or employee
3286 shall abstain from deliberation, action or vote by the board in specific

3287 respect to such person, firm or corporation. All members shall be
3288 deemed public officials and shall adhere to the code of ethics for public
3289 officials set forth in chapter 10 of the general statutes.

3290 (6) Board members shall receive no compensation for their services,
3291 but shall receive actual and necessary expenses incurred in the
3292 performance of their official duties.

3293 (d) The board shall select and appoint a chief executive officer who
3294 shall be responsible for administering the authority's programs and
3295 activities in accordance with policies and objectives established by the
3296 board. The chief executive officer shall serve at the pleasure of the
3297 board and shall receive such compensation as shall be determined by
3298 the board. The chief executive officer (1) may employ such other
3299 employees as shall be designated by the board of directors; and (2)
3300 shall attend all meetings of the board, keep a record of all proceedings
3301 and maintain and be custodian of all books, documents and papers
3302 filed with the authority and of the minute book of the authority.

3303 (e) The board shall direct the authority regarding: (1)
3304 Implementation and periodic revisions of the health information
3305 technology plan submitted in accordance with the provisions of
3306 section 74 of public act 09-232, including the implementation of an
3307 integrated state-wide electronic health information infrastructure for
3308 the sharing of electronic health information among health care
3309 facilities, health care professionals, public and private payors, state and
3310 federal agencies and patients; (2) appropriate protocols for health
3311 information exchange; and (3) electronic data standards to facilitate the
3312 development of a state-wide integrated electronic health information
3313 system, as defined in subsection (a) of section 19a-25d of the general
3314 statutes, for use by health care providers and institutions that receive
3315 state funding. Such electronic data standards shall: (A) Include
3316 provisions relating to security, privacy, data content, structures and
3317 format, vocabulary and transmission protocols; (B) limit the use and
3318 dissemination of an individual's Social Security number and require
3319 the encryption of any Social Security number provided by an

individual; (C) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; (D) require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail; (E) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d of the general statutes; (F) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d of the general statutes; and (G) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d of the general statutes.

(f) Applications for grants from the authority shall be made on a form prescribed by the board. The board shall review applications and decide whether to award a grant. The board may consider, as a condition for awarding a grant, the potential grantee's financial participation and any other factors it deems relevant.

(g) The board may consult with such parties, public or private, as it deems desirable in exercising its duties under this section.

(h) Not later than February 1, 2011, and annually thereafter until February 1, 2016, the chief executive officer of the authority shall report, in accordance with section 11-4a of the general statutes, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding year and, if applicable, how such funds were expended, (2) the amount and recipients of grants awarded, and (3) the current status of health information exchange and health information technology in the state.

Sec. 83. (NEW) (*Effective from passage*) (a) The Health Information Technology Exchange of Connecticut may establish or designate one or more subsidiaries for the purpose of creating, developing,

3352 coordinating and operating a state-wide health information exchange,
3353 or for such other purposes as prescribed by resolution of the
3354 authority's board of directors, which purposes shall be consistent with
3355 the purposes of the authority. Each subsidiary shall be deemed a
3356 quasi-public agency for purposes of chapter 12 of the general statutes.
3357 The authority may transfer to any such subsidiary any moneys and
3358 real or personal property. Each such subsidiary shall have all the
3359 privileges, immunities, tax exemptions and other exemptions of the
3360 authority. A resolution of the authority shall prescribe the purposes for
3361 which each subsidiary is formed.

3362 (b) Each such subsidiary may sue and shall be subject to suit,
3363 provided the liability of each such subsidiary shall be limited solely to
3364 the assets, revenues and resources of such subsidiary and without
3365 recourse to the general funds, revenues, resources or any other assets
3366 of the authority or any other subsidiary. Each such subsidiary shall
3367 have the power to do all acts and things necessary or convenient to
3368 carry out the purposes for which such subsidiary is established,
3369 including, but not limited to: (1) Solicit, receive and accept aid, grants
3370 or contributions from any source of money, property or labor or other
3371 things of value, subject to the conditions upon which such grants and
3372 contributions may be made, including, but not limited to, gifts, grants
3373 or loans from any department, agency or quasi-public agency of the
3374 United States or the state, or from any organization recognized as a
3375 nonprofit organization under Section 501(c)(3) of the Internal Revenue
3376 Code of 1986, or any subsequent corresponding internal revenue code
3377 of the United States, as amended from time to time; (2) enter into
3378 agreements with persons upon such terms and conditions as are
3379 consistent with the purposes of such subsidiary; and (3) acquire, take
3380 title, lease, purchase, own, manage, hold and dispose of real and
3381 personal property and lease, convey or deal in or enter into agreements
3382 with respect to such property.

3383 (c) Each such subsidiary shall act through its board of directors, not
3384 less than fifty per cent of whom shall be members of the board of
3385 directors of the authority or their designees.

3386 (d) The provisions of section 1-125 of the general statutes, as
3387 amended by this act, and this section shall apply to any officer,
3388 director, designee or employee appointed as a member, director or
3389 officer of any such subsidiary. Neither any such persons so appointed
3390 nor the directors, officers or employees of the authority shall be
3391 personally liable for the debts, obligations or liabilities of any such
3392 subsidiary as provided in said section 1-125. Each subsidiary shall, and
3393 the authority may, provide for the indemnification to protect, save
3394 harmless and indemnify such officer, director, designee or employee as
3395 provided by said section 1-125.

3396 (e) The authority or any such subsidiary may take such actions as
3397 are necessary to comply with the provisions of the Internal Revenue
3398 Code of 1986, or any subsequent corresponding internal revenue code
3399 of the United States, as amended from time to time, to qualify and
3400 maintain any such subsidiary as a corporation exempt from taxation
3401 under said Internal Revenue Code.

3402 (f) The authority may make loans or grants to, and may guarantee
3403 specified obligations of, any such subsidiary, following standard
3404 authority procedures, from the authority's assets and the proceeds of
3405 its bonds, notes and other obligations, provided the source and
3406 security, if any, for the repayment of any such loans or guarantees is
3407 derived from the assets, revenues and resources of such subsidiary.

3408 Sec. 84. (NEW) (*Effective from passage*) The state of Connecticut does
3409 hereby pledge to and agree with any person with whom the Health
3410 Information Technology Exchange of Connecticut may enter into
3411 contracts pursuant to the provisions of sections 82 to 85, inclusive, of
3412 this act that the state will not limit or alter the rights hereby vested in
3413 the authority until such contracts and the obligations thereunder are
3414 fully met and performed on the part of the authority, provided nothing
3415 contained in this section shall preclude such limitation or alteration if
3416 adequate provision shall be made by law for the protection of such
3417 persons entering into contracts with the authority.

3418 Sec. 85. (NEW) (*Effective from passage*) The Health Information
3419 Technology Exchange of Connecticut shall be and is hereby declared
3420 exempt from all franchise, corporate business, property and income
3421 taxes levied by the state or any municipality, provided nothing in this
3422 section shall be construed to exempt from any such taxes, or from any
3423 taxes levied in connection with the manufacture or sale of any
3424 products which are the subject of any agreement made by the
3425 authority, any person entering into any agreement with the authority.

3426 Sec. 86. Section 19a-25g of the 2010 supplement to the general
3427 statutes is repealed and the following is substituted in lieu thereof
3428 (*Effective from passage*):

3429 (a) [On and after July 1, 2009, the] The Department of Public Health
3430 shall be the lead health information exchange organization for the state
3431 from July 1, 2009, to December 31, 2010, inclusive. The department
3432 shall seek private and federal funds, including funds made available
3433 pursuant to the federal American Recovery and Reinvestment Act of
3434 2009, for the initial development of a state-wide health information
3435 exchange. [Any private or federal funds received by the department
3436 may be used for the purpose of establishing health information
3437 technology pilot programs and the grant programs described in
3438 section 19a-25h.]

3439 (b) On and after January 1, 2011, the Health Information Technology
3440 Exchange of Connecticut, created pursuant to section 82 of this act,
3441 shall be the lead health information organization for the state. The
3442 authority shall continue to seek private and federal funds for the
3443 development and operation of a state-wide health information
3444 exchange. The Department of Public Health may contract with the
3445 authority to transfer unexpended federal funds received by the
3446 department pursuant to the federal American Recovery and
3447 Reinvestment Act of 2009, P.L. 111-05, if any, for the initial
3448 development of a state-wide health information exchange. The
3449 authority shall, within available resources, provide grants for the
3450 advancement of health information technology and exchange in this

3451 state, pursuant to subsection (f) of section 82 of this act.

3452 [(b)] (c) The department shall [: (1) Facilitate] facilitate the
3453 implementation and periodic revisions of the health information
3454 technology plan after the plan is initially submitted in accordance with
3455 the provisions of section 74 of public act 09-232, including the
3456 implementation of an integrated state-wide electronic health
3457 information infrastructure for the sharing of electronic health
3458 information among health care facilities, health care professionals,
3459 public and private payors, state and federal agencies and patients [,
3460 and (2) develop standards and protocols for privacy in the sharing of
3461 electronic health information. Such standards and protocols shall be no
3462 less stringent than the "Standards for Privacy of Individually
3463 Identifiable Health Information" established under the Health
3464 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as
3465 amended from time to time, and contained in 45 CFR 160, 164. Such
3466 standards and protocols shall require that individually identifiable
3467 health information be secure and that access to such information be
3468 traceable by an electronic audit trail] until December 31, 2010. On and
3469 after January 1, 2011, the Health Information Technology Exchange of
3470 Connecticut shall be responsible for the implementation and periodic
3471 revisions of the health information technology plan.

3472 Sec. 87. Subsection (l) of section 1-79 of the general statutes is
3473 repealed and the following is substituted in lieu thereof (*Effective from*
3474 *passage*):

3475 (l) "Quasi-public agency" means the Connecticut Development
3476 Authority, Connecticut Innovations, Incorporated, Connecticut Health
3477 and Education Facilities Authority, Connecticut Higher Education
3478 Supplemental Loan Authority, Connecticut Housing Finance
3479 Authority, Connecticut Housing Authority, Connecticut Resources
3480 Recovery Authority, Lower Fairfield County Convention Center
3481 Authority, Capital City Economic Development Authority, [and]
3482 Connecticut Lottery Corporation and Health Information Technology
3483 Exchange of Connecticut.

3484 Sec. 88. Subdivision (1) of section 1-120 of the general statutes is
3485 repealed and the following is substituted in lieu thereof (*Effective from*
3486 *passage*):

3487 (1) "Quasi-public agency" means the Connecticut Development
3488 Authority, Connecticut Innovations, Incorporated, Connecticut Health
3489 and Educational Facilities Authority, Connecticut Higher Education
3490 Supplemental Loan Authority, Connecticut Housing Finance
3491 Authority, Connecticut Housing Authority, Connecticut Resources
3492 Recovery Authority, Capital City Economic Development Authority,
3493 [and] Connecticut Lottery Corporation and Health Information
3494 Technology Exchange of Connecticut.

3495 Sec. 89. Section 1-124 of the general statutes is repealed and the
3496 following is substituted in lieu thereof (*Effective from passage*):

3497 (a) The Connecticut Development Authority, the Connecticut
3498 Health and Educational Facilities Authority, the Connecticut Higher
3499 Education Supplemental Loan Authority, the Connecticut Housing
3500 Finance Authority, the Connecticut Housing Authority, the
3501 Connecticut Resources Recovery Authority, the Health Information
3502 Technology Exchange of Connecticut and the Capital City Economic
3503 Development Authority shall not borrow any money or issue any
3504 bonds or notes which are guaranteed by the state of Connecticut or for
3505 which there is a capital reserve fund of any kind which is in any way
3506 contributed to or guaranteed by the state of Connecticut until and
3507 unless such borrowing or issuance is approved by the State Treasurer
3508 or the Deputy State Treasurer appointed pursuant to section 3-12. The
3509 approval of the State Treasurer or said deputy shall be based on
3510 documentation provided by the authority that it has sufficient
3511 revenues to (1) pay the principal of and interest on the bonds and notes
3512 issued, (2) establish, increase and maintain any reserves deemed by the
3513 authority to be advisable to secure the payment of the principal of and
3514 interest on such bonds and notes, (3) pay the cost of maintaining,
3515 servicing and properly insuring the purpose for which the proceeds of
3516 the bonds and notes have been issued, if applicable, and (4) pay such

3517 other costs as may be required.

3518 (b) To the extent the Connecticut Development Authority,
3519 Connecticut Innovations, Incorporated, Connecticut Higher Education
3520 Supplemental Loan Authority, Connecticut Housing Finance
3521 Authority, Connecticut Housing Authority, Connecticut Resources
3522 Recovery Authority, Connecticut Health and Educational Facilities
3523 Authority, the Health Information Technology Exchange of
3524 Connecticut or the Capital City Economic Development Authority is
3525 permitted by statute and determines to exercise any power to
3526 moderate interest rate fluctuations or enter into any investment or
3527 program of investment or contract respecting interest rates, currency,
3528 cash flow or other similar agreement, including, but not limited to,
3529 interest rate or currency swap agreements, the effect of which is to
3530 subject a capital reserve fund which is in any way contributed to or
3531 guaranteed by the state of Connecticut, to potential liability, such
3532 determination shall not be effective until and unless the State
3533 Treasurer or his or her deputy appointed pursuant to section 3-12 has
3534 approved such agreement or agreements. The approval of the State
3535 Treasurer or his or her deputy shall be based on documentation
3536 provided by the authority that it has sufficient revenues to meet the
3537 financial obligations associated with the agreement or agreements.

3538 Sec. 90. Section 1-125 of the general statutes is repealed and the
3539 following is substituted in lieu thereof (*Effective from passage*):

3540 The directors, officers and employees of the Connecticut
3541 Development Authority, Connecticut Innovations, Incorporated,
3542 Connecticut Higher Education Supplemental Loan Authority,
3543 Connecticut Housing Finance Authority, Connecticut Housing
3544 Authority, Connecticut Resources Recovery Authority, including ad
3545 hoc members of the Connecticut Resources Recovery Authority,
3546 Connecticut Health and Educational Facilities Authority, Capital City
3547 Economic Development Authority, the Health Information Technology
3548 Exchange of Connecticut and Connecticut Lottery Corporation and
3549 any person executing the bonds or notes of the agency shall not be

3550 liable personally on such bonds or notes or be subject to any personal
3551 liability or accountability by reason of the issuance thereof, nor shall
3552 any director or employee of the agency, including ad hoc members of
3553 the Connecticut Resources Recovery Authority, be personally liable for
3554 damage or injury, not wanton, reckless, wilful or malicious, caused in
3555 the performance of his or her duties and within the scope of his or her
3556 employment or appointment as such director, officer or employee,
3557 including ad hoc members of the Connecticut Resources Recovery
3558 Authority. The agency shall protect, save harmless and indemnify its
3559 directors, officers or employees, including ad hoc members of the
3560 Connecticut Resources Recovery Authority, from financial loss and
3561 expense, including legal fees and costs, if any, arising out of any claim,
3562 demand, suit or judgment by reason of alleged negligence or alleged
3563 deprivation of any person's civil rights or any other act or omission
3564 resulting in damage or injury, if the director, officer or employee,
3565 including ad hoc members of the Connecticut Resources Recovery
3566 Authority, is found to have been acting in the discharge of his or her
3567 duties or within the scope of his or her employment and such act or
3568 omission is found not to have been wanton, reckless, wilful or
3569 malicious.

3570 Sec. 91. Section 20-631 of the general statutes is repealed and the
3571 following is substituted in lieu thereof (*Effective October 1, 2010*):

3572 (a) [(1) One] Except as provided in section 2 of this act, one or more
3573 pharmacists licensed under this chapter who are determined [eligible]
3574 competent in accordance with [subsection (c) of this section, and
3575 employed by a hospital] regulations adopted pursuant to subsection
3576 (d) of this section may enter into a written protocol-based collaborative
3577 drug therapy management agreement with one or more physicians
3578 licensed under chapter 370 to manage the drug therapy of individual
3579 patients. [receiving inpatient services in a hospital licensed under
3580 chapter 368v, in accordance with subsections (b) to (d), inclusive, of
3581 this section and subject to the approval of the hospital.] In order to
3582 enter into a written protocol-based collaborative drug therapy
3583 management agreement, such physician shall have established a

3584 physician-patient relationship with the patient who will receive
3585 collaborative drug therapy. Each patient's collaborative drug therapy
3586 management shall be governed by a written protocol specific to that
3587 patient established by the treating physician in consultation with the
3588 pharmacist. For purposes of this subsection, a "physician-patient
3589 relationship" is a relationship based on (1) the patient making a
3590 medical complaint, (2) the patient providing a medical history, (3) the
3591 patient receiving a physical examination, and (4) a logical connection
3592 existing between the medical complaint, the medical history, the
3593 physical examination and any drug prescribed for the patient.

3594 [(2) One or more pharmacists licensed under this chapter who are
3595 determined eligible in accordance with subsection (c) of this section
3596 and employed by or under contract with a nursing home facility, as
3597 defined in section 19a-521, may enter into a written protocol-based
3598 collaborative drug therapy management agreement with one or more
3599 physicians licensed under chapter 370 to manage the drug therapy of
3600 individual patients receiving services in a nursing home facility, in
3601 accordance with subsections (b) to (d), inclusive, of this section and
3602 subject to the approval of the nursing home facility. Each patient's
3603 collaborative drug therapy management shall be governed by a
3604 written protocol specific to that patient established by the treating
3605 physician in consultation with the pharmacist. Each such protocol shall
3606 be reviewed and approved by the active organized medical staff of the
3607 nursing home in accordance with the requirements of section 19-13-
3608 D8t(i) of the Public Health Code.

3609 (3) One or more pharmacists licensed under this chapter who are
3610 determined eligible in accordance with subsection (c) of this section
3611 and employed by or under contract with a hospital licensed under
3612 chapter 368v may enter into a written protocol-based collaborative
3613 drug therapy management agreement with one or more physicians
3614 licensed under chapter 370 to manage the drug therapy of individual
3615 patients receiving outpatient hospital care or services for diabetes,
3616 asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart
3617 failure or smoking cessation, including patients who qualify as

3618 targeted beneficiaries under the provisions of Section 1860D-
3619 4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with
3620 subsections (b) to (d), inclusive, of this section and subject to the
3621 approval of the hospital. Each patient's collaborative drug therapy
3622 management shall be governed by a written protocol specific to that
3623 patient established by the treating physician in consultation with the
3624 pharmacist.]

3625 (b) A collaborative drug therapy management agreement may
3626 authorize a pharmacist to implement, modify or discontinue a drug
3627 therapy that has been prescribed for a patient, order associated
3628 laboratory tests and administer drugs, all in accordance with a patient-
3629 specific written protocol. In instances where drug therapy is
3630 discontinued, the pharmacist shall notify the treating physician of such
3631 discontinuance no later than twenty-four hours from the time of such
3632 discontinuance. Each protocol developed, pursuant to the collaborative
3633 drug therapy management agreement, shall contain detailed direction
3634 concerning the actions that the pharmacist may perform for that
3635 patient. The protocol shall include, but need not be limited to, (1) the
3636 specific drug or drugs to be managed by the pharmacist, (2) the terms
3637 and conditions under which drug therapy may be implemented,
3638 modified or discontinued, (3) the conditions and events upon which
3639 the pharmacist is required to notify the physician, and (4) the
3640 laboratory tests that may be ordered. All activities performed by the
3641 pharmacist in conjunction with the protocol shall be documented in
3642 the patient's medical record. The pharmacist shall report at least every
3643 thirty days to the physician regarding the patient's drug therapy
3644 management. The collaborative drug therapy management agreement
3645 and protocols shall be available for inspection by the Departments of
3646 Public Health and Consumer Protection. A copy of the protocol shall
3647 be filed in the patient's medical record.

3648 (c) A pharmacist shall be responsible for demonstrating, in
3649 accordance with [this subsection] regulations adopted pursuant to
3650 subsection (d) of this section, the competence necessary for
3651 participation in each drug therapy management agreement into which

3652 such pharmacist enters. [The pharmacist's competency shall be
 3653 determined by the hospital or nursing home facility for which the
 3654 pharmacist is employed. A copy of the criteria upon which the hospital
 3655 or nursing home facility determines competency shall be filed with the
 3656 Commission of Pharmacy.]

3657 (d) The Commissioner of [Public Health] Consumer Protection, in
 3658 consultation with the Commissioner of [Consumer Protection, may]
 3659 Public Health, shall adopt regulations, in accordance with chapter 54,
 3660 concerning competency requirements for participation in a written
 3661 protocol-based collaborative drug therapy management agreement
 3662 described in subsection (a) of this section, the minimum content of the
 3663 collaborative drug therapy management agreement and the written
 3664 protocol and [as otherwise] such other matters said commissioners
 3665 deem necessary to carry out the purpose of this section.

3666 Sec. 92. (NEW) (*Effective October 1, 2010*) The provisions of section
 3667 20-631 of the general statutes, in effect on September 30, 2010, shall
 3668 apply to any written protocol-based collaborative drug therapy
 3669 management agreement entered into prior to October 1, 2010.

3670 Sec. 93. Section 19a-185 of the general statutes is repealed. (*Effective*
 3671 *October 1, 2010*)

3672 Sec. 94. Section 19a-25h of the general statutes is repealed. (*Effective*
 3673 *January 1, 2011*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	19a-493(a)
Sec. 2	<i>October 1, 2010</i>	19a-490n
Sec. 3	<i>October 1, 2010</i>	19a-490o
Sec. 4	<i>October 1, 2010</i>	19a-490b(e)
Sec. 5	<i>October 1, 2010</i>	20-7c
Sec. 6	<i>October 1, 2010</i>	19a-498
Sec. 7	<i>October 1, 2010</i>	19a-503
Sec. 8	<i>October 1, 2010</i>	19a-528a

Sec. 9	<i>October 1, 2010</i>	19a-561
Sec. 10	<i>October 1, 2010</i>	19a-491(b)
Sec. 11	<i>October 1, 2010</i>	20-114(a)
Sec. 12	<i>October 1, 2010</i>	20-29
Sec. 13	<i>October 1, 2010</i>	20-27(c)
Sec. 14	<i>October 1, 2010</i>	20-206bb(c)
Sec. 15	<i>October 1, 2011</i>	20-236
Sec. 16	<i>October 1, 2011</i>	20-262
Sec. 17	<i>October 1, 2010</i>	19a-513
Sec. 18	<i>October 1, 2010</i>	20-87a(a)
Sec. 19	<i>October 1, 2010</i>	19a-14
Sec. 20	<i>October 1, 2010</i>	19a-14
Sec. 21	<i>October 1, 2010</i>	20-126c(b)
Sec. 22	<i>from passage</i>	19a-904(a)(5)
Sec. 23	<i>October 1, 2010</i>	19a-180(f)
Sec. 24	<i>October 1, 2010</i>	19a-175
Sec. 25	<i>from passage</i>	New section
Sec. 26	<i>from passage</i>	20-74mm(b)
Sec. 27	<i>July 1, 2011</i>	20-74qq(a)
Sec. 28	<i>October 1, 2010</i>	20-195a
Sec. 29	<i>October 1, 2010</i>	19a-181a
Sec. 30	<i>from passage</i>	19a-80(b)(1)
Sec. 31	<i>October 1, 2010</i>	20-206kk
Sec. 32	<i>October 1, 2010</i>	19a-490(k) to (m)
Sec. 33	<i>October 1, 2010</i>	19a-487
Sec. 34	<i>October 1, 2010</i>	22a-475
Sec. 35	<i>October 1, 2010</i>	22a-477(p)
Sec. 36	<i>October 1, 2010</i>	22a-477(s) and (t)
Sec. 37	<i>October 1, 2010</i>	22a-478(h) to (n)
Sec. 38	<i>October 1, 2010</i>	22a-479(c) and (d)
Sec. 39	<i>October 1, 2010</i>	22a-479(f)
Sec. 40	<i>October 1, 2010</i>	22a-480
Sec. 41	<i>October 1, 2010</i>	22a-482
Sec. 42	<i>October 1, 2010</i>	20-101
Sec. 43	<i>October 1, 2010</i>	19a-32f
Sec. 44	<i>October 1, 2010</i>	19a-701
Sec. 45	<i>October 1, 2010</i>	19a-200
Sec. 46	<i>October 1, 2010</i>	19a-244
Sec. 47	<i>from passage</i>	New section
Sec. 48	<i>October 1, 2010</i>	19a-91(b)

Sec. 49	<i>October 1, 2010</i>	20-74s
Sec. 50	<i>October 1, 2010</i>	20-195aa
Sec. 51	<i>from passage</i>	17a-502
Sec. 52	<i>October 1, 2010</i>	20-241
Sec. 53	<i>October 1, 2010</i>	33-182aa
Sec. 54	<i>July 1, 2010</i>	19a-178a(b)
Sec. 55	<i>July 1, 2010</i>	19a-181b(b)
Sec. 56	<i>July 1, 2010</i>	19a-182
Sec. 57	<i>July 1, 2010</i>	New section
Sec. 58	<i>July 1, 2010</i>	New section
Sec. 59	<i>October 1, 2010</i>	19a-4l
Sec. 60	<i>October 1, 2010</i>	19a-196b(b)
Sec. 61	<i>from passage</i>	20-9(b)
Sec. 62	<i>from passage</i>	New section
Sec. 63	<i>July 1, 2010</i>	19a-522a
Sec. 64	<i>from passage</i>	New section
Sec. 65	<i>July 1, 2010</i>	New section
Sec. 66	<i>October 1, 2010</i>	20-128a(c)
Sec. 67	<i>October 1, 2010</i>	20-195c
Sec. 68	<i>October 1, 2010</i>	20-97(a)
Sec. 69	<i>from passage</i>	New section
Sec. 70	<i>from passage</i>	New section
Sec. 71	<i>July 1, 2010</i>	New section
Sec. 72	<i>October 1, 2010</i>	21a-70(a)
Sec. 73	<i>October 1, 2010</i>	New section
Sec. 74	<i>from passage</i>	19a-26
Sec. 75	<i>from passage</i>	19a-77(b)
Sec. 76	<i>October 1, 2010</i>	20-254
Sec. 77	<i>July 1, 2010</i>	New section
Sec. 78	<i>July 1, 2010</i>	New section
Sec. 79	<i>from passage</i>	19a-7f
Sec. 80	<i>October 1, 2010</i>	New section
Sec. 81	<i>July 1, 2010</i>	12-743(b)
Sec. 82	<i>from passage</i>	New section
Sec. 83	<i>from passage</i>	New section
Sec. 84	<i>from passage</i>	New section
Sec. 85	<i>from passage</i>	New section
Sec. 86	<i>from passage</i>	19a-25g
Sec. 87	<i>from passage</i>	1-79(l)
Sec. 88	<i>from passage</i>	1-120(1)

Sec. 89	<i>from passage</i>	1-124
Sec. 90	<i>from passage</i>	1-125
Sec. 91	<i>October 1, 2010</i>	20-631
Sec. 92	<i>October 1, 2010</i>	New section
Sec. 93	<i>October 1, 2010</i>	Repealer section
Sec. 94	<i>January 1, 2011</i>	Repealer section